STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910268	**08/31/2017**
NAME OF PROVIDER OR SUPPLIER **CHANGE OF PACE RET CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **1715 E. SILVER SPRINGS BLVD.** **OCALA, FL 34470**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced biennial relicensure survey with Limited Mental Health was conducted on August 30 - 31, 2017 at Change of Pace (License #53), Ocala, FL. No deficient practice was identified at the time of the survey.