STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968732	**11/09/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PINECASTLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2950 SE 19TH AVE** **OCALA, FL 34471**	

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

0000 - Initial Comments

On 11/9/17, an unannounced Limited Nursing Service monitoring survey was conducted at Brookdale Pinecastle at 2950 SE 19th Avenue (License #12614). No deficient practice was identified at the time of the survey.