STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968660	C **02/14/2018**
NAME OF PROVIDER OR SUPPLIER **MARION OAKS ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3590 SW 137TH LOOP** **OCALA, FL 34473**	

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

0000 - Initial Comments

An unannounced complaint survey (CCR#2018001014) was conducted on 02/14/2018 at Marion Oaks Assisted Living Facility (License #12557), Ocala, FL. No deficient practice was identified at the time of the survey.