

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911441	(X3) DATE SURVEY COMPLETED C 05/02/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE PADDOCK HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 S.E. 24TH ROAD OCALA, FL 34471	

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

0000 - Initial Comments

An unannounced complaint survey (CCR#2018002851) was conducted on 05/02/2018 at Brookdale - Paddock Hills (License #7428), Ocala, FL. No deficient practice was identified at the time of the survey.