STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943018	**07/17/2018**
NAME OF PROVIDER OR SUPPLIER **HIDDEN PINES**	STREET ADDRESS, CITY, STATE, ZIP CODE **1840 SW 31 AVENUE** **OCALA, FL 34478**	

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

0000 - Initial Comments

An unannounced biennial licensure survey with Limited Mental Health was conducted on July 16-17, 2018 at Hidden Pines Retirement Center (License #5505), Ocala, FL. No deficient practice was identified at the time of the survey.