

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911441	(X3) DATE SURVEY COMPLETED R 08/28/2017
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

On August 28, 2017 a desk review follow-up was conducted on Brookdale Paddock Hills Assisted Living Facility (lic. #7428). During the desk review no deficient practice was identified.