

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968732	(X3) DATE SURVEY COMPLETED R 01/02/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE CHAMBREL 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 January 2, 2019, an unannounced follow-up to biennial re-licensure with Limited Nursing Services monitoring survey was conducted at Brookdale Chambrel Pinecastle Assisted Living Facility (License #12614), Ocala, FL. No deficient practice was identified at the time of the survey.