| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910267** | C<br>**02/28/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**BROOKDALE CHAMBREL PINECASTLE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1801 SE 24TH ROAD**<br>**OCALA, FL 34471** | |

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

**0000 - Initial Comments**

On February 27, 2019 through February 28, 2019, an unannounced biennial re-licensure survey in conjunction with Limited Nursing Services monitoring and Emergency Power Plan monitoring survey was conducted at Brookdale Chambrel Pinecastle Assisted Living Facility, Ocala, FL. No deficient practice was identified at the time of the survey.