STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943018	R-C **04/18/2019**
NAME OF PROVIDER OR SUPPLIER **HIDDEN PINES ALF**	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

A revisit to Change of Ownership and Emergency Power Plan monitoring survey was conducted at Hidden Pines Assisted Living Facility on April 18, 2019. Deficiencies were found to be corrected at the time of the survey.