STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964969	R **02/15/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CANOPY OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **9070 SW 80TH AVE** **OCALA, FL 34481**	

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

0000 - Initial Comments

On 2/15/2017, a second follow-up survey for complaint investigation (CCR#2016010037) was conducted at Brookdale Canopy Oaks (facility license number 9441). The previously cited deficiencies were cleared as a result of the survey.