STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964969	R **10/02/2017**
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 October 2, 2017 a follow-up survey was conducted at Brookdale Canopy Oaks Assisted Living Facility (license No. 9441). No deficient practice was identified at this time.