

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/19/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964969	(X3) DATE SURVEY COMPLETED 01/12/2018
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 1/12/18, an unannounced complaint investigation (CCR#2017013004) was conducted at Brookdale Canopy Oaks (License #9441). No deficient practice was found at the time of the investigation.		