STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964742	**05/23/2018**
NAME OF PROVIDER OR SUPPLIER **PACIFICA SENIOR LIVING OCALA**	STREET ADDRESS, CITY, STATE, ZIP CODE **11311 SW 95TH CIRCLE OCALA, FL 34481**	

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

0000 - Initial Comments

An unannounced complaint investigation survey (CCR#2018007171) was conducted on 05/23/2018 at Pacifica Senior Living Assisted Living Facility (License #9315), Ocala, FL. No deficient practice was identified at the time of the survey.