STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964742	C **10/31/2018**
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

On October 31, 2018, an unannounced complaint investigation survey (CCR #2018013153) was conducted at Pacifica Senior Living Ocala Assisted Living Facility (License #9315), Ocala, FL. No deficient practice was identified at the time of the survey.