

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 08/01/2013  
FORM APPROVED

|                                                                                                        |                                                                                       |                                                     |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11964457</b>             | (X3) DATE SURVEY COMPLETED<br><br><b>07/29/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Greenbriar Retirement</b>                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3615 McNeil Road<br/>Apopka, FL 32703</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                       |                                                     |

**Specific Tag Findings:**

0000-Initial Comments

7/29/13 conducted Assisted Living Facility biennial re-licensure survey with ECC.

Greenbriar Retirement had no deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK  
SECRETARY

August 1, 2013

Administrator  
Greenbriar Retirement  
3615 McNeil Road  
Apopka, FL 32703

**RE: Biennial relicensure w/ECC**

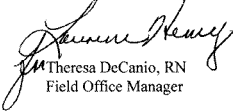
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on July 29, 2013 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN  
Field Office Manager

LH/be  
Enclosure

IGGN

