STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910231	**10/03/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Greenbriar Manor	**7555 131 St., North Seminole, FL 33776**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-10/03/2013
0052-Medication - Assistance With Self-Admin-10/03/2013
0078-Staffing Standards - Staff-10/03/2013
0091-Training - Documentation & Monitoring-10/03/2013
0093-Food Service - Dietary Standards-10/03/2013
E210-Ecc - Training-10/03/2013
L241-Lmh - Records-10/03/2013
L242-Lmh - Responsibilities Of Facility-10/03/2013
L243-Lmh - Training-10/03/2013

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 7, 2013

Administrator
Greenbriar Manor
7555 131 St., North
Seminole, FL 33776

Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on October 3, 2013, by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the desk review.

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. Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form (5000-3547)

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