STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910231	**06/27/2014**
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)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced extended congregate care (ECC) monitoring visit was scheduled for 6/27/14.

The Greenbriar Manor, assisted living facility, discontinued Extended Congregate Care services and received a Standard license with Limited Mental Health on 4/22/14. The survey was aborted.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 9, 2014

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

Dear Administrator:

This letter reports findings of an aborted extended congregate care (ECC) monitoring visit that was conducted on June 27, 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form.

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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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