

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/22/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910231	(X3) DATE SURVEY COMPLETED 06/12/2015
NAME OF PROVIDER OR SUPPLIER GREENBRIAR MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 7555 131 ST., NORTH SEMINOLE, FL 33776	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated biennial state licensure survey with limited mental health (LMH) services was conducted on 6/12/15.

Greenbriar Manor, assisted living facility, had no deficiencies at the time of visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 22, 2015

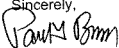
Administrator
Greenbriar Manor
7555 131 St., North
Seminole, FL 33776

Dear Administrator:

This letter reports findings of a abbreviated biennial state licensure survey with Limited Mental Health (LMH) that was conducted on June 12, 2015 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 Paul Brown, HFES at (727) 552-2000.

Sincerely,

FD/ Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

