STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910231	**05/16/2017**
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 unannounced abbreviated biennial state licensure survey with limited mental health (LMH) services was conducted at Greenbriar Manor, Assisted Living Facility, on 5/16/2017. Greenbriar Manor, Assisted Living Facility, had no deficient practice identified at the time of the visit.

(License # 6645)