STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964457	R **07/26/2017**
NAME OF PROVIDER OR SUPPLIER **GREENBRIAR RETIREMENT**	STREET ADDRESS, CITY, STATE, ZIP CODE **3615 MCNEIL ROAD** **APOPKA, FL 32703**	

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

0000 - Initial Comments

Revisit to the re-licensure survey was conducted on 7/26/17. Greenbriar Retirement Assisted Living Facility, License #9202 had no deficiencies at the time of the visit.