

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932406	(X3) DATE SURVEY COMPLETED R 11/08/2017
NAME OF PROVIDER OR SUPPLIER GREENLEAF ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 509 W. VERONA STREET KISSIMMEE, FL 34741	

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

0000 - Initial Comments

11/8/17 desk review completed to Relicensure survey with Limited Mental Health (LMH) and Limited Nursing Services (LNS). Greenleaf Assisted Living, LLC, license #8051 had no deficiencies at the time of the review.