STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932406	R **04/17/2019**
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

A revisit to a change of owner (CHOW) survey was conducted at Greenleaf Assisted Living on 4/17/2019. Deficiencies were found to be corrected at the time of the survey.