STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964204	R **04/30/2019**
NAME OF PROVIDER OR SUPPLIER **GREENWOOD PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2680 CROTON ROAD** **MELBOURNE, FL 32935**	

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

0000 - Initial Comments

AMENDED 5/2/19 REMOVED LNS

A Desk Review to the Change of Ownership (CHOW) survey was conducted on 4/30/2019. Greenwood Place Assisted Living Facility deficiencies were corrected.