STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964457	**06/05/2019**
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

The re-licensure survey was conducted on 6/5/2019 at Greenbriar Retirement Home, Apopka. No deficiencies were found at the time of the visit.