

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/01/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967587	(X3) DATE SURVEY COMPLETED 07/25/2013
NAME OF PROVIDER OR SUPPLIER Brennity At Melbourne	STREET ADDRESS, CITY, STATE, ZIP CODE 7365 Orchestra Ln Melbourne, FL 32940	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0076-Do Not Resuscitate Orders (dnros)-07/25/2013
0078-Staffing Standards - Staff-07/25/2013
0093-Food Service - Dietary Standards-07/25/2013
0167-Resident Contracts-07/25/2013
E206-Ecc - Service Plans-07/25/2013
E207-Ecc - Services-07/25/2013

Specific Tag Findings:

0000-Initial Comments

7/25/2013 Unannounced revisit to the Change of Ownership (CHOW) survey was conducted.

The Brennity at Melbourne facility had no deficiencies found during the visit.



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

August 1, 2013

Administrator
Brennity At Melbourne
7365 Orchestra Ln
Melbourne, FL 32940

RE: Revisit to Change of Ownership w/ECC

Dear Administrator:

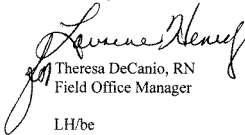
This letter reports the findings of a state licensure survey revisit conducted on July 25, 2013 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>



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