

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/06/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966697	(X3) DATE SURVEY COMPLETED 07/12/2013
NAME OF PROVIDER OR SUPPLIER Brennity At Vero Beach(the)	STREET ADDRESS, CITY, STATE, ZIP CODE 7975 17 Lane Vero Beach, FL 32966	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0052-Medication - Assistance With Self-Admin-07/12/2013
 0054-Medication - Records-07/12/2013
 0057-Medication - Over The Counter (otc) Products-07/12/2013
 0085-Training - Nutrition & Food Service-07/12/2013
 0093-Food Service - Dietary Standards-07/12/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 8, 2013

Administrator
Brennity At Vero Beach(The)
7975 17 Lane
Vero Beach, FL 32966

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 12, 2013 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


for Arlene Mayo-Davis
Field Office Manager

AMD/jw
Enclosure

DT9D

