

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967587	(X3) DATE SURVEY COMPLETED 10/08/2014
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)		

Specific Tag Findings:

0000-Initial Comments

A complaint investigation, CCR# 2014006848 was conducted on 10/8/14. Brennity at Melbourne had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 21, 2014

Administrator
Brennity At Melbourne
7365 Orchestra Ln
Melbourne, FL 32940

RE: CCR #2014006848

Dear Administrator:

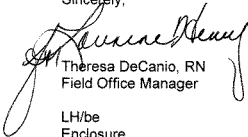
This letter reports the findings of a complaint survey completed on October 8, 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

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 contact Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

