

|                                                                                                        |                                                                                               |                                                     |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11967587</b>                     | (X3) DATE SURVEY COMPLETED<br><br><b>09/30/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Brennity At Melbourne</b>                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>7365 Orchestra Ln<br/>Melbourne, FL 32940</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                               |                                                     |

**List of Tags Cited:**

St - A - 0000 - - Initial Comments

**Specific Tag Findings:**

0000-Initial Comments

A biennial re-licensure survey was conducted on 09/30/2014. The Brennity at Melbourne Assisted Living Facility had no deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

October 23, 2014

Administrator  
Brennity At Melbourne  
7365 Orchestra Ln  
Melbourne, FL 32940

**RE: Biennial relicensure**

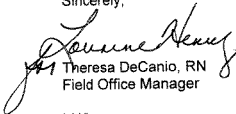
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on September 30, 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call Lorraine Henry at (407) 420-2502.

Sincerely,

  
Theresa DeCanio, RN  
Field Office Manager

LH/be  
Enclosure

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