

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967815	(X3) DATE SURVEY COMPLETED 10/24/2014
NAME OF PROVIDER OR SUPPLIER Brennity At Tradition (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 10685 Sw Stoney Creek Way Port Saint Lucie, FL 34987	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Extended Congregate Care (ECC) survey was conducted at The Brennity at Tradition on 10/27/14. The facility had no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 05, 2014

Administrator
Brennity at Tradition (the)
10685 SW Stoney Creek Way
Port Saint Lucie, FL 34987

Re: Extended Congregate Care (ECC)

Dear Administrator:

This letter reports findings of a state Monitoring survey that was conducted on October 24, 2014 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/sf
Enclosure

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