

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11967815

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
4/28/2015

Name of Facility

BRENNITY AT TRADITION (THE)

Street Address, City, State, Zip Code

10685 SW STONEY CREEK WAY
PORT SAINT LUCIE, FL 34987

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>A0030</u> Reg. # <u>58A-5.0182(6) FAC; 429.28</u> LSC	Correction Completed 04/28/2015	ID Prefix <u>A0052</u> Reg. # <u>58A-5.0185(3) FAC</u> LSC	Correction Completed 04/28/2015	ID Prefix <u>A0057</u> Reg. # <u>58A-5.0185(8) FAC</u> LSC	Correction Completed 04/28/2015
ID Prefix <u>A0078</u> Reg. # <u>58A-5.019(2) FAC</u> LSC	Correction Completed 04/28/2015	ID Prefix <u>A0081</u> Reg. # <u>58A-5.0191(2) FAC</u> LSC	Correction Completed 04/28/2015	ID Prefix <u>A0084</u> Reg. # <u>58A-5.0191(5) FAC</u> LSC	Correction Completed 04/28/2015
ID Prefix <u>AE206</u> Reg. # <u>58A-5.030(7) FAC</u> LSC	Correction Completed 04/28/2015	ID Prefix <u>AE208</u> Reg. # <u>58A-5.030(9) FAC</u> LSC	Correction Completed 04/28/2015	ID Prefix <u>AE210</u> Reg. # <u>58A-5.0191(7) FAC</u> LSC	Correction Completed 04/28/2015
ID Prefix _____ Reg. # _____ LSC	Correction Completed	ID Prefix _____ Reg. # _____ LSC	Correction Completed	ID Prefix _____ Reg. # _____ LSC	Correction Completed
ID Prefix _____ Reg. # _____ LSC	Correction Completed	ID Prefix _____ Reg. # _____ LSC	Correction Completed	ID Prefix _____ Reg. # _____ LSC	Correction Completed

Reviewed By [Signature]
State Agency
Reviewed By _____
CMS RO

Reviewed By [Signature]
Reviewed By _____

Date: 5/11/15
Date: _____

Signature of Surveyor [Signature]
Signature of Surveyor: _____

Date: 5/11/15
Date: _____

Followup to Survey Completed on:
1/23/2015

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

May 11, 2015

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

Re: Relicensure and Extended Congregate Care Survey

Dear Administrator:

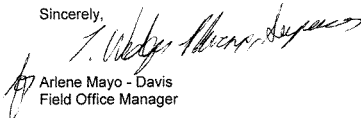
This letter reports the findings of a State Licensure Revisit Survey conducted on April 28, 2015 by a representative from this office.

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.

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/jw
Enclosure

DT90

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