

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/11/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967815	(X3) DATE SURVEY COMPLETED 04/28/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Extended Congregate Care (ECC) survey was conducted on 4/28/15 at The Brennnity at Tradition. The facility had no deficiencies found at the time of the visit.



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: Extended Congregate Care

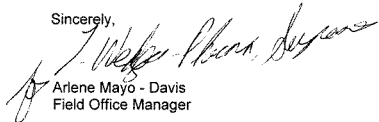
Dear Administrator:

This letter reports findings of a State Licensure Survey that was conducted on April 28, 2015 by a representative from 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/jw
Enclosure

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