

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967815	(X3) DATE SURVEY COMPLETED 03/21/2016
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 licensure complaint survey, CCR 2015012941, was conducted on 03/15/16 and 03/21/16 at The Brennnity at Tradition. The Brennnity at Tradition had no deficiencies identified at time of the visit.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 4, 2016

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

RE: CCR #2045012941

Dear Administrator:

This letter reports the findings of a complaint survey completed on March 21, 2016 by a representative 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. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (561) 381-5840.

Sincerely,



Arlene Mayo-Davis
Field Office Manager

AMD/
Enclosure

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