

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/23/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966697	(X3) DATE SURVEY COMPLETED 01/18/2017
NAME OF PROVIDER OR SUPPLIER BRENNITY AT VERO BEACH(THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 7975 17 LANE VERO BEACH, FL 32966	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Extended Congregate Care (ECC) Monitoring survey was conducted on January 18, 2017 at The Brennity At Vero Beach (License #10830). The facility had no deficiencies identified at the time of the survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 25, 2017

Administrator
The Brennity At Vero Beach
7975 17 Lane
Vero Beach, FL 32966

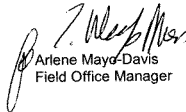
Dear Administrator:

This letter reports findings of a state licensure monitoring survey with Extended Congregate Care, that was conducted on January 18, 2017 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/dso
Enclosure: State 5000-3547 form

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