

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966697	(X3) DATE SURVEY COMPLETED R 02/27/2017
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 A desk review revisit to CCR#2016012983 and CCR#2016013310 was conducted on 2/27/17. The facility had no deficiencies identified at the time of the survey.		