

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967815	(X3) DATE SURVEY COMPLETED R 07/06/2017
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

A desk review revisit to the Relicensure survey was conducted on 06/26/2017 and 07/06/2017 for The Brennnity At Tradition, License #11796. The facility had no deficiencies at the time of the visit.