STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967815	**11/14/2017**
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

Unannounced Complaint investigations, CCR #2017010627 and CCR #2017013329, were conducted on November 13-14, 2017 at The Brennity At Tradition (License #11796). The allegations were not substantiated. There were no deficiencies identified at the time of the investigations.

Note: These investigations were conducted in conjunction with the Change of Ownership (CHOW) survey with Extended Congregate Care (ECC) services and a Capacity Increase survey on the same dates. Please refer to the separate reports for the findings.