

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966697	(X3) DATE SURVEY COMPLETED R 02/07/2018
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 CHOW (Change of Ownership) with Extended Congregate Care (ECC) revisit survey was completed as a desk review on 02/07/2018 for Brennnity at Vero Beach (The), License #10830. The facility corrected all outstanding citations.