

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967587	(X3) DATE SURVEY COMPLETED R 05/31/2018
NAME OF PROVIDER OR SUPPLIER BRENNITY AT MELBOURNE	STREET ADDRESS, CITY, STATE, ZIP CODE 7365 ORCHESTRA LN MELBOURNE, FL 32940	

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

0000 - Initial Comments

A desk review for an Extended Congregate Care (ECC) monitoring visit was conducted on May 31, 2018. Brennnity at Melbourne, license #11595, had no deficiencies at the time of the review.