

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967587	(X3) DATE SURVEY COMPLETED 08/14/2018
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 complaint investigation (CCR#2018008252) was conducted on 8/14/2018. Brennity at Melbourne, 7365 Orchestra Lane, Melbourne 32940 (LIC#11595) had no deficiency at the time of the visit.