

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966697	(X3) DATE SURVEY COMPLETED R 10/16/2018
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 licensure complaint revisit survey, CCR #2018004010, was conducted by desk review on 10/16/2018 for Brennity at Vero Beach (the), License #10830. The previously cited deficiency was found corrected on the day of the survey.