

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966697	(X3) DATE SURVEY COMPLETED 10/24/2018
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

An unannounced licensure complaint survey, CCR# 2018012338 and 2018012636 was conducted on 10/24/2018 at The Brennnity At Vero Beach, License # 10830. The facility had no deficiencies identified at the time of the survey.