

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967815	(X3) DATE SURVEY COMPLETED R 12/12/2018
NAME OF PROVIDER OR SUPPLIER BRENNITY AT TRADITION (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 10685 SW STONEY CREEK WAY PORT SAINT LUCIE, FL 34987	

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

0000 - Initial Comments

An unannounced Revisit survey to complaint CCR #2018013469 was conducted on December 12, 2018 at The Brennnity At Tradition, License #11796. Previously cited deficiencies were found corrected.