

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967587	(X3) DATE SURVEY COMPLETED 01/09/2019
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 An unannounced monitoring visit related to emergency environmental control planning was conducted on Brennity at Melbourne (license #11595) had a deficiency at the time of the visit. 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on interview and record review, the facility failed to ensure the safety of residents by completing all components of the emergency environmental action plan. Findings: During the review of records on, at 11:45 a.m. the emergency management plan was requested. The plan was incomplete. The plan included the use of a 150 Kw generator that was at the time of the visit. Interview with the Director of Maintenance revealed that there were no backup generators on site or spot coolers to use in a power outage. Class III		