

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967587	(X3) DATE SURVEY COMPLETED R 04/03/2019
NAME OF PROVIDER OR SUPPLIER BRENNITY AT MELBOURNE (THE)	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 revisit to complaint investigation #2018016375 was conducted on and Brennity at Melbourne LIC#11595 had no deficiencies at the time of the visit.