

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/12/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967815	(X3) DATE SURVEY COMPLETED R 05/21/2019
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

A revisit to complaint (#2018017858 and #2018018797) was conducted at The Brennnity At Tradition on 05/21/2019. A previously cited deficiency was found corrected.