

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/26/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967587	(X3) DATE SURVEY COMPLETED 06/05/2019
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

An unannounced complaint investigation (2019005490) was conducted at The Brennity at Melbourne, Melbourne, Florida, on 6/5/2019. No deficient practice was found at the time of the investigation.