

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/19/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967815	(X3) DATE SURVEY COMPLETED 03/04/2019
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 An unannounced licensure complaint survey, CCR #2018017858 and CCR #2018018797, were conducted on ... and ..., concluding on ... at The Brennnity At Tradition, License #11796. The facility had a deficiency identified at the time of the survey. 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on record review and interviews, the facility failed to submit documentation to the Agency of an approved and implemented Emergency Environmental Control Plan (EECP). The findings included: On ... at 1:00 PM, a request was made to the Administrator for documentation showing approval and submission of the Consumer Friendly version to the Agency of the facility's EECP. There was no documentation available for review to show the facility's approved EECP had been submitted to the Agency. An Agency representative stated on ... at 9:23 AM that the facility had not yet submitted their EECP Consumer Friendly version to the Agency. On ... at 8:46 AM, a county representative with the Division of Emergency Management stated that the facility had an approved EECP dated ..., but that they had not yet submitted their final version after ratification to the plan in ... Once the EECP is approved by the county, the facility must submit a "consumer friendly version" to the Agency within two (2) days. The facility provided no additional documentation for review at the time of survey. Class III		