

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/15/2019
NAME OF PROVIDER OR SUPPLIER RENAISSANCE RETIREMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST AIRPORT BLVD. SANFORD, FL 32771		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 000	Initial Comments An unannounced complaint investigation, 2019015126, 2019014312 and 2019013538, were conducted at the Renaissance Retirement Center, Sanford, Florida, on Deficient practice was found at the time of the complaint investigations.	A 000			
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.	A 152			

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

RENAISSANCE RETIREMENT CENTER

**300 WEST AIRPORT BLVD.
SANFORD, FL 32771**

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A 152	Continued From page 1 (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility has placed all facility residents at-risk by failing to maintain needed building repairs. Findings include: On _____, in a record review of the facility, it was documented the facility is licensed for 115 beds. The facility has 95 resident rooms in addition to common areas and dining room. On _____, in a record review of the local property appraisers web site, the web site documents the facility is over 85,000 square _____ On _____ at 10:30 AM, in an interview with the administrator, the administrator stated the building had recently had a water leak in the laundry room which is located above the dining room. The administrator stated repairs are on-going. On _____ at 11:14 AM, in an interview with Staff C, Staff C stated since the water leak was repaired in the laundry room, the laundry room does not have hot water going into the washers. On _____/2109 at 12:38 PM, in an interview with Staff J, Staff J stated they are working on the	A 152		

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A 152	Continued From page 2 water leak repairs. Staff J stated the building does not have an on-going maintenance plan. On _____ at 10:20 AM and 12:52 PM, the agency toured the facility and made the following observations: " First floor "Break Room" which is unsecured (photographic evidence #1 and #2)- peeling ceiling, dirty and scratched doors, unpainted patch work, chair stacked in front of emergency exit, use of extension _____, missing thresholds. " Dining Room (photographic evidence #3)- ceiling peeling and damaged, missing ceiling tiles, exposed wiring, missing thresholds, dirty walls and doors, exposed pipes, exposed insulation. " Men's rest room/first floor- (photographic evidence #4)- unpainted patch work. " Air Handler _____ floor/unsecured- (photographic evidence #7 and #8)- missing flooring/down to wood base, damaged door frame, exposed wiring. " Laundry room (photographic evidence #11)- no hot water running into the washer, missing ceiling, exposed wiring going into an overhead light, unpainted patch work, peeling and damaged ceiling, missing floor tile, unpainted walls. " Common areas (photographic evidence #1 and #2)- dirty walls, dirty doors, unpainted patch work, worn and stained carpet. On _____ at 3:00 PM, in an interview with the administrator, the administrator stated many of the items noted are on-going maintenance projects. Class III	A 152		