Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11922141	A. BUILDING: _____ B. WING _____	R 12/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE RETIREMENT CENTER	300 WEST AIRPORT BLVD. SANFORD, FL 32773

(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 A revisit to complaint investigation #2021010480 and #2021010039 was conducted on [redacted] at Renaissance Retirement Center, Sanford. A deficiency was found at the time of the revisit.	{A 000}		
{A 054} SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [redacted] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [redacted], the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.	{A 054}		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11922141	A. BUILDING: _____ B. WING _____	R 12/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE RETIREMENT CENTER	300 WEST AIRPORT BLVD. SANFORD, FL 32773

(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 054}	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain and immediately update the medication observation record (MORs) each time the medication is offered or administered to 1 out 4 residents (32). Findings: During a review on of resident #2's MORs, it confirmed the resident had physician orders dated , to receive administration of the medications Basaglar 100 units/ML twice daily at 8am and 5pm. The MORs revealed at the 8am hour there were missing staff initials to ensure the medication was administered for the dates of , , and for the 5pm dosage there were missing staff initials on 11/2, , , , , , , , and . The MORs had no explanation why the staff left these days blank. The MORs review also confirmed that the resident was prescribed the medication SYRG 0.5/31G, use as directed to administer . The staff did not sign off on the MORs for the dates of , , for the 8:30am dosage. In addition, the MORs had no explanation why these dates were blank. In an interview on at 11:30am with the administrator, she confirmed the findings above and stated she did not have an explanation of why these dates on the MORs were blank with no explanation. Class III	{A 054}		