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 _____ | 01/27/2022 |

| 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<br><br>An unannounced complaint investigation, 2022000748, was conducted at Renaissance retirement center, Sanford, Florida, on . Deficient practice was found at the time of the complaint investigation. | A 000 | | |
| A 025 SS=D | 429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision<br><br>429.26<br>(7) The facility shall notify a licensed physician when a resident exhibits signs of ... or ... or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such ... or ... The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making ... for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition.<br><br>59A-36.007 Resident Care Standards.<br>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:<br>(a) Monitoring of the quantity and quality of | A 025 | | |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| A 025 | Continued From page 1<br><br>resident diets in accordance with Rule 59A-36.012, F.A.C.<br>(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.<br>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.<br>(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.<br>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.<br>(f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review, the facility placed 4 of 4 residents (Resident #2, #3, #5 and #6) at-risk by failing to follow the facility " Management Program Guidelines".<br><br>Findings:<br><br>On , in a record review of the facilities, " Management Program Guidelines", it documents, 1- all new residents will be evaluated for prevention within 24-hours of move in date, 2- residents that have will have a new intervention put into place. | A 025 | | |

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| A 025 | Continued From page 2<br><br>On . . . . . , in a record review of the facilities electronic incident reporting system, it documents the following resident . . : Resident #2- . . . . , Resident #3- . . . . , Resident #5- . . . . . , . . . . . , Resident #6- . . . . . .<br><br>1. On . . . . . , in a record review of Resident #2's file, it documents the resident is a . . risk. The file did not include a new residents . evaluation or a new intervention plan after the documented . on . . . . . .<br><br>2. On . . . . . , in a record review of Resident #3's file, it does not document a new resident evaluation or an updated intervention plan after each of the residents . . The file documents on . . . . . , . . . . . , . . . . . , . . . . . and . .<br><br>On . . . . at 12:55 PM, in an interview with Resident #3, he stated he did not have a . evaluation completed when he moved into the facility or after any of his . . .<br><br>3. On . . . . . , in a record review of Resident #5's resident file, it does not document a new resident . evaluation, nor an updated intervention after each . .<br><br>4. On . . . . . , in a record review of Resident #6's resident file, it does not include documentation of a new residents . . evaluation. It did not include documentation of an updated intervention after the . on . . . . .<br><br>On . . . . at 5:17 PM, in an interview with Resident #6, she stated she has . . . . Stated she does not think the facility has completed an intervention plan. | A 025 | | |

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| A 025 | Continued From page 3<br>On . . . . . at 5:45 PM, in an interview with the administrator, she stated she was unaware of the evaluation not being completed and would address it with the staff.<br><br>Class III | A 025 | | |