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
	AL11969271	A. BUILDING: _____ B. WING _____	03/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE SENIOR LIVING	2100 10TH AVE VERO BEACH, FL 32960

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A 000	Initial Comments An unannounced Abbreviated Relicensure, Limited Nursing Services (LNS), Complaint (#2025016880) and a Generator Monitoring survey were conducted on at Renaissance Senior Living. The facility had deficiencies related to the Relicensure with Limited Nursing Services (LNS) survey identified at the time of the visit.	A 000		
A 026	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other	A 026		

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A 026	Continued From page 1 day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure a minimum of 12 hours of activities weekly were provided to all residents, ensuring an ongoing activities program based on residents' needs, abilities and interests was available with demonstration of participation. This affected 24 out of 24 current residents in the secured unit. The findings included: On [redacted] from 9:30 AM through 1:30 PM, the activity that was observed offered to residents was a table in the common area with colored pencils and coloring papers with no staff present. At 10:00 AM, 10:20 AM and 10:50 AM, a resident attempted to exit the secured door to the courtyard with no staff present in the common area. At 10:22 AM, a staff member passing by told this resident that he could not go outside without a staff member present, then left the common area. At 10:55 AM, another resident asked a family member if she could go outside into the courtyard. Staff D was asked during interview at 11:30 AM on [redacted] why activities were not taking place as scheduled on the calendar posted on the wall in the secured unit. Staff D stated that the	A 026		

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A 026	Continued From page 2 activities employee was off work today since she had worked the weekend. Review of the calendar on the wall showed no documentation that activities were cancelled. The activities that were posted for included Pledge and Devotions; 8:30 AM Morning Greetings; 10:00 AM Golden Years Walking Club; 1:00 Hanging in the Garden. Additionally, a "survey book" that was presented to this writer included a calendar that noted the following activities for : 9:30 AM Move It Monday in the Chapel, 10:00 AM Shopping with Rick, 10:00 AM Trivia, 1:30 PM Bingo. On at 11:00 AM, Resident #2's representative stated that the calendar was not followed and that there were no activities offered to the residents in the secured unit regularly. During review of residents' records, no documentation of participation in activities was available for review. Resident participation in activities was not documented in the facility's records as required. Class III	A 026		
A 054	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.	A 054		

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A 054	Continued From page 3 (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 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 , 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. This Statute or Rule is not met as evidenced by: Based on record review and an interview, it was determined that the facility failed to ensure the Medication Observation Record (MOR) was accurate for 1 of 2 sampled residents (Resident #1) who required assistance with self-administration of medication. The findings included: During observation of medication being provided by the Licensed Practical Nurse (LPN) on at 10:00 AM, the LPN stated that Resident #1 did not have any that was listed on the MOR to be given and that she would be checking this order for clarification. At 1:00 PM on this date, the LPN confirmed that the	A 054		

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A 054	Continued From page 4 resident was not to be given this medication as it was prescribed for only three (3) days on . Review of the order dated showed it was written for the medication to be given "1 tablet by every morning" with no parameters for 3 days of use. The order indicated a quantity of "3" was provided for the supply. Review of the MOR for Resident #1 revealed the medication was documented erroneously by this LPN's initials as well as two (2) other staff's initials as provided daily at 9:30 AM to the resident from through , except on when the resident was noted to be "out of the facility". The Administrator was notified of these findings on at 1:30 PM. The facility provided no additional information for review at this time. Class III	A 054		
A 081	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the	A 081		

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A 081	Continued From page 5 employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.	A 081		

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A 081	Continued From page 6 (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident ,	A 081		

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A 081	Continued From page 7 neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to ensure 1 of 3 sampled staff (Staff C), who provides direct care to residents, had received mandatory in-service training within 30 days of employment.	A 081		

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A 081	Continued From page 8 The findings included: Review of the personnel file for Staff C, who provides direct care to residents, revealed there was no documentation of the following required in-service training completed within 30 days of employment. a. Facility's Emergency Procedures and Incident Reporting (1 hour required) b. Residents' Rights and , Neglect and , (1 hour) c. Facility's Elopement Policy and Procedure Class III	A 081		
A 093	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food	A 093		

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A 093	Continued From page 9 habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider.	A 093		

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A 093	Continued From page 10 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of ˛ the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must	A 093		

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A 093	Continued From page 11 also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure that meal items served with substitutions of equal nutritional value were served to residents in the secured unit, affecting 24 out of 24 current residents. The findings included: On at 12:00 PM, staff in the secured unit were observed serving lunch delivered by the kitchen to residents in the secured unit. These residents were and unable to communicate their needs with consistency and reliability. The dietician approved menu dated indicated that the residents were to be served the following items for lunch: 1. Creole Shrimp 2. White rice 3. Collard Greens 4. Wheat Bread 5. Cinnamon Apple Dream Bar 6. Margarine 7. Coffee/Tea At the conclusion of the meal service, the residents in the secured unit had not been served or offered wheat bread or coffee or tea. They were not offered or served any bread, and were provided water as the only beverage. At 12:55 PM on , these observations were discussed with the Administrator. The Administrator confirmed with a caregiver at this	A 093		

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A 093	Continued From page 12 time that the kitchen did not send coffee, tea or bread with the lunch delivery on this date. The facility provided no additional information for review at this time. Class III	A 093		
A 168	429.24(3)(a) FS; 429.27(7), FS Resident Refund Policy 429.24 (3)(a) . . . The refund policy shall provide that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges, including the cost of damages to the residential unit resulting from circumstances other than normal use, have been paid to the licensee. For the purpose of this paragraph, the termination date shall be the date the unit is vacated by the resident and cleared of all personal belongings. If the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident or his or her estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed 20 percent of the regular rate for the unit, provided that 14 days' advance written notification is given. If the resident's possessions are not claimed within 45 days after notification, the facility may dispose of them. The contract shall also specify any other conditions under which claims will be made against the refund due the resident. Except in the case of or a discharge due to medical reasons, the refunds shall be computed in accordance with the notice of relocation requirements specified in the contract. However, a resident may not be required to provide the licensee with more than	A 168		

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A 168	Continued From page 13 30 days' notice of termination. If after a contract is terminated, the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond. .... 429.27, FS Property and personal affairs of residents. - (7) In the event of the of a resident, a licensee shall return all refunds, funds, and property held in trust to the resident's personal representative, if one has been appointed at the time the facility disburses such funds, and, if not, to the resident's spouse or adult next of kin named in a beneficiary designation form provided by the facility to the resident. If the resident has no spouse or adult next of kin or such person cannot be located, funds due the resident shall be placed in an interest-bearing account, and all property held in trust by the facility shall be safeguarded until such time as the funds and property are disbursed pursuant to the Florida Probate Code. Such funds shall be kept separate from the funds and property of the facility and other residents of the facility. If the funds of the resident are not disbursed pursuant to the Florida Probate Code within 2 years after the resident's , the funds shall be deposited in the Health Care Trust Fund administered by the agency. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to include the required components of the refund policy and procedure in the residency agreement without additional verbiage that negates the requirement for a prorated	A 168		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969271	A. BUILDING: _____ B. WING _____	03/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE SENIOR LIVING	2100 10TH AVE VERO BEACH, FL 32960

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A 168	Continued From page 14 refund based on the daily rate to be distributed after the termination date of residency and the residents' belongings are removed, for all residents. The findings included: On , the contract used by the facility to agree to terms related to residency, between the facility and residents or their representatives, was reviewed. The contract included in the refund policy and procedure the required clause that ensures residents or their representatives will be issued a prorated refund based on the daily rate after the termination of the contract, the resident's discharge or , and their belongings removed. However, under the "Termination by Resident/Transfer to Higher Level of Care" section of the contract, additional verbiage states "Resident will be responsible for paying fees until ten (10) days after the date that his or her furniture and personal belongings are removed from the apartment (the "Payment Date")". The additional clause that allows charges to continue for 10 days negates the requirement in the regulations that the policy and procedure ensures the resident is provided a prorated refund based on the daily rate from the date of or discharge for medical reasons, and after belongings are removed. The refund policy and procedure is required to include the clause, "Except in the case of or discharge due to medical reasons, the refunds shall be computed in accordance with the notice of relocation requirements specified in the contract". This states that there is no notice required by the resident when they are discharged for medical reasons or if they expire.	A 168		

Agency for Health Care Administration

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A 168	Continued From page 15 The Administrator was notified of these findings on at 12:20 PM. The facility provided no additional information for review at this time. Class III	A 168		

Agency for Health Care Administration

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ZZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the , , are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective , , , or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before , , , initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective , , , initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	ZZ814		

AHCA Form 3020-0001

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

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
	AL11969271	A. BUILDING: _____ B. WING _____	03/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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ZZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic , submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on review of the Agency's Criminal Background Screening Clearinghouse website and interviews, the facility failed to maintain a current employee roster for all employees of the facility. 3 of 3 sampled previous employees (Staff E, F and G) were not removed from the roster within five (5) days of their change in status. The findings included: On , a review was conducted of the facility's employee roster located on the Agency's Background Screening Clearinghouse website. At this time, Staff E, F and G were listed on the roster as current employees with no "end date" of employment entered. A subsequent review of the roster on revealed Staff E and F had "end dates" of employment added as for Staff E and for Staff F. There was no "end date" of employment added yet for Staff G.	ZZ814		

Agency for Health Care Administration

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ZZ814	Continued From page 2 The Administrator was notified of these findings on at 1:30 PM, and confirmed that Staff G (previous administrator) had not been employed by the facility since he was employed in . The facility provided no additional information for review at the time of the survey.	ZZ814		