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
	AL11953426	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE MANOR	1401 16TH STREET SARASOTA, FL 34236

(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 These are the finding of a follow up to Complaint survey, CCR# 2012008821, conducted on , at Renaissance Manor, an Assisted Living Facility. All previous citations were cleared; however, one new deficiency identified at the time of the survey revisit.	{A 000}		
AZ827	408.812, FS Unlicensed Activity (1) A person or entity may not offer or advertise services that require licensure as defined by this part, authorizing statutes, or applicable rules to the public without obtaining a valid license from the agency. A licenseholder may not advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds the license. (2) The operation or maintenance of an unlicensed provider or the performance of any services that require licensure without proper licensure is a violation of this part and authorizing statutes. Unlicensed activity constitutes harm that materially affects the health, safety, and welfare of clients. The agency or any state attorney may, in addition to other remedies provided in this part, bring an action for an injunction to restrain such violation, or to enjoin the future operation or maintenance of the unlicensed provider or the performance of any services in violation of this part and authorizing statutes, until compliance with this part, authorizing statutes, and agency rules has been demonstrated to the satisfaction of the agency. (3) It is unlawful for any person or entity to own, operate, or maintain an unlicensed provider. If	AZ827		

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AZ827	Continued From page 1 after receiving notification from the agency, such person or entity fails to cease operation and apply for a license under this part and authorizing statutes, the person or entity shall be subject to penalties as prescribed by authorizing statutes and applicable rules. Each day of continued operation is a separate offense. (4) Any person or entity that fails to cease operation after agency notification may be fined $1,000 for each day of noncompliance. (5) When a controlling interest or licensee has an interest in more than one provider and fails to license a provider rendering services that require licensure, the agency may revoke all licenses and impose actions under s. 408.814 and a fine of $1,000 per day, unless otherwise specified by authorizing statutes, against each licensee until such time as the appropriate license is obtained for the unlicensed operation. (6) In addition to granting injunctive relief pursuant to subsection (2), if the agency determines that a person or entity is operating or maintaining a provider without obtaining a license and determines that a condition exists that poses a threat to the health, safety, or welfare of a client of the provider, the person or entity is subject to the same actions and fines imposed against a licensee as specified in this part, authorizing statutes, and agency rules. (7) Any person aware of the operation of an unlicensed provider must report that provider to the agency. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility provided 1 (Resident #1) resident with a service	AZ827		

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AZ827	Continued From page 2 beyond the scope of their license. The findings include: On [redacted] at 11:18 a.m., Resident #1 was interviewed. During the interview the resident revealed he wears "compression boots" to help him with his lymphedema. Resident #1 also stated he receives assistance putting on his compression boots. He stated, "I can take them off myself. I just can't put them on because they are real bulky." Resident #1 identified unlicensed members of the staff as people who assist him with his compression stockings. He explained the facility's staff assists him by putting on a thin stocking on his legs and then assisting him with putting the compression boots on his legs. Resident #1 continued by saying, "It's a bulky piece of equipment I can't actually bend my knee and put them on. It's little hard so I have to actually lay in my bed while they put these things on." When the air comes out of the boots I can just take them off myself, that's not a problem." Staff A was interviewed at on at approximately 11:50 a.m. Staff A stated that he is a Medication technician. When questioned about Resident #1's legs, Staff A stated, "[Resident #1] has a hard time wrapping his leg up so now he has the compression boots. "He continued by saying, "We can help him put the stockings on and the boots. That's the only thing we can do, then he has to press the button and turn it on." Staff A stated he and other facility staff members assist Resident #1 with his compression boots twice a day. The Administrator was interviewed at 12:17 p.m. on . She confirmed she was aware of the facility's staff assisted Resident #1 with his	AZ827		

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AZ827	Continued From page 3 compression boots . She said the staff was shown how to use the compression boots on approximately . She also stated the facility was in the process of getting a home health agency to provide this service. The Administrator stated Resident #1 has had the compression boots for approximately five days. : a record review of Resident #1's chart revealed a "Medical Appointment Information" form which is dated on . It is addressed to Resident #1's Occupational (OT) and the current problem is listed as: "Lymphedema." Under change in orders the OT wrote: Discontinue Short stretch banda : unable to apply to self comfortably. and staff will be shown use of 4 chamber compressions on . Class III Correction Date:	AZ827		

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11953426	A. Building B. Wing	

Name of Facility	Street Address, City, State, Zip Code
RENAISSANCE MANOR	1401 16TH STREET SARASOTA, FL 34236

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0004 Reg. # 58A-5.016 FAC LSC		ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

	Reviewed By	Date:	Signature of Surveyor:	Date:
Reviewed By State Agency	[signature] HFES	10-31-12	[signature] for: Jasmine Hayes, HSPS	10-31-12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Renaissance Manor
1401 16th Street
Sarasota, Florida 34236

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2012by representative(s) of this office. Enclosed is the provider's copy of the State Form 3020 and Revisit Report, which references the corrected deficiency and the new deficiency, identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **The deficiency shall be corrected no later than 1, 2012.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss
Enclosure: State Form and Revisit Report

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372