STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922141	**08/05/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Renaissance Retirement Center	**300 West Airport Blvd. Sanford, FL 32771**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-08/05/2013
0025-Resident Care - Supervision-08/05/2013
0030-Resident Care - Rights & Facility Procedures-08/05/2013
0054-Medication - Records-08/05/2013
0077-Staffing Standards - Administrators-08/05/2013
0162-Records - Resident-08/05/2013

Specific Tag Findings:

0000-Initial Comments
An unannounced revisit was made to Complaint Inspection CCR# 2013-005267 in conjunction with CCR#2013-003758 and CCR#2012-13803 at Renaissance Retirement Center, LLC Assisted Living Facility on 8/5/13. The deficiencies were found to be corrected at the time of the revisit

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 7, 2013

Administrator
Renaissance Retirement Center
300 West Airport Blvd.
Sanford, FL 32771

RE: Revisit to CCR#2013005267

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on August 5, 2013 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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