STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963790	10/23/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
The Renaissance	1050 Southwest 24th Avenue Deerfield Beach, FL 33442	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

AMENDED REPORT

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - E206 - 58a-5.030(7) Fac - Ecc - Service Plans S-S= D

Specific Tag Findings:

0000-Initial Comments
An extended congregate care monitoring visit was conducted on The Renaissance assisted living facility had licensure deficiencies found at the time of the visit.

E206-ECC - Service Plans 58A-5.030(7) FAC
Based on record review and interview, the facility failed to have an extended congregate care (ECC) service plan that included proof of agreement for, 3 out of 3 sampled residents (Residents #1, 2 and 3).

The findings are:

a)Review of Resident #1's record indicated that she received a health assessment on , with diagnoses including , and status post . A physician order dated on indicated that the resident needed to receive nutrition via tube twice daily. Review of the resident's ECC service plans dated on , and , indicated that the resident received proper tube nutrition but was not signed by the resident to represent her review of the service plan.

In an interview with Resident #1 on at 2:40 PM, she stated that she was aware of her ECC treatments but she has not reviewed or signed her ECC service plans.

b) Review of Resident #2's record indicated that she received a health assessment on with diagnoses including and Review of the resident's ECC service plans dated on and indicated that the resident received proper eating assistance but was not signed by the resident to represent her review of the service plan.

In an interview with Resident #2's husband and representative on at 3:25 PM, he stated that he was aware of his wife's ECC treatments but he has not reviewed or signed her ECC service plans.

c)Review of Resident #3's record indicated that she received a health assessment on with diagnoses including , and Review of the resident's ECC service plans dated on 2013, 2013 and 2013 indicated that the resident received proper eating assistance but was not signed by the resident or her representative to represent her review of the service plan.

In an interview with the ECC Supervisor on at 11:25 AM, she stated that the ECC residents do not have input with the ECC service plans because it is a facility document.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

AMENDED LETTER , 2013

Administrator
The Renaissance
1050 Southwest 24th Avenue
Deerfield Beach, FL 33442

Re: Extended Congregate Care Monitor Visit

Dear Administrator:

This letter reports the findings of a Extended Congregate Care (ECC) Monitor Visit survey that was conducted on , 2013 by a representative from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within **thirty (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State Form 5000-3547
XG90

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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924