STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922141	01/16/2014
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)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:
0000-Initial Comments
An unannounced initial Change of ownership survey was conducted on .

Renaissance Retirement of Sanford had a deficiency found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations and interview the facility failed to ensure the unlicensed staff that assisted 3 of 3 sampled residents (#8, #9 and #10) with self-administration of medications followed the correct procedure.

Findings:

Observations on at approximately 1:15 PM during the medication pass staff E, who was a "med tech" washed her hands. She reviewed the MOR and retrieved the medication from locked medication cart. She poured the medication in a cup, signed the Medication Observation Record (MOR), returned the medication to the drawer and locked the cart. She brought the cup to the resident, who was in her . She told the resident. "This is your with D". She gave the resident water and observed her take the medication.

Continued observations of the medication pass at approximately 1:30 PM staff E washed her hands and reviewed the MOR. She then retrieved the medications from the locked medication cart. She poured the medications in a cup and signed the MOR. She returned the medication to the drawer, locked the cart and brought the cup to resident #9, who was in her . She told the resident "This is your noon medication for
She gave the resident water and observed her take the medication.

Continued observations of the medication pass noted that staff E "med tech" washed her hands. She reviewed the MOR and retrieved the medications for resident #10 from the locked medication cart. She poured the medications in a cup, signed the MOR, returned the medication to the drawer, locked the cart and brought the cup to the resident, who was in her

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She went to the resident's told the resident what the medication was. "This is your for pain". She gave the resident water and observed her take the medication.

In an interview on at approximately 4 PM with the executive director, who offered no comment.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

Re: Change of Ownership(CHOW)

This letter reports the findings of a CHOW licensure survey that was conducted on , 2014 by representative(s) of 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 days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , **2014,** 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 surveyor(s). Should you have any questions please call Lorraine henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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