STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963790	07/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Renaissance (the)	1050 Southwest 24th Avenue Deerfield Beach, FL 33442	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Limited Nursing Services (LNS) and Extended Congregate Care (ECC) survey was conducted on at the Renaissance Assisted Living Facility. The facility had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to ensure a Resident Health Assessment form (AHCA form 1823) was completed upon significant change and reflective of the resident's current health status and care needs, for 2 out of 4 sampled residents (Resident #1 and #2).

The findings include:

a) Review of Resident #1's current health assessment noted a medical diagnosis of , s/p , takes nothing by mouth and utilizes a Endoscopic tube for nutrition. Review of the medical record reveals the resident was hospitalized on for increased ess,and elevated temperature. She is readmitted on and requires continuous use of for and use of a for retention. Review of the Health Assessment reveals no date on the assessment, diet instructions do not reflect the current dietary care needs, no written requirement for the use continuous and no indication of medication administration requirement. The form does not reflect the residents change in condition since admission and current care needs.

During an interview with the Director of Nursing at approximately 1:00 PM on she stated that the resident had significant decline in health, resulting in the admission to the hospital. She

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confirmed the resident requires continuous use of for use of a and nutrition support and medications via the . She stated that the resident is able to eat/enjoy limited small amounts of soft foods daily. Further interview revealed the facility did not have a current health assessment reflective of the resident's current level of care needs.

b) Resident #2 was admitted to the facility with medical diagnosis of and Review of the current Resident Health Assessment dated indicates the resident requires medication management. Further record review revealed a physician order for to be administered at bedtime for . The resident is placed on Limited Nursing Services for administration and is being monitoring by the facility nursing staff. The assessment form does not reflect the current nursing treatments being provided by the facility.

On at approximately 1:00 PM during an interview with the Director of Nursing, she reviewed the resident record and confirmed the physician order for administration. She agreed the Health Assessment form did not reflect the current nursing treatments for the resident.

Class III

N278-LNS - Records 58A-5.031(3) FAC
Based on interview and record review, the facility failed to maintain required monthly Nursing Assessment Notes for resident care, for 2 of 2 sampled residents receiving Limited Nursing Services (LNS) (Residents #1 and #2).

The findings include:

a) Resident #1 was readmitted to the facility with medical diagnosis of s/p , takes nothing by mouth and utilizes a Endoscopic tube for nutrition. Review of the medical record reveals the resident was hospitalized on for increased ess,and elevated temperature. She is readmitted on with physician orders requiring continuous use of for and use of a for retention. Further review revealed the resident was placed on Limited Nursing Services (LNS) on readmission for monitoring and care of the and use. Review of the LNS notes indicate the facility nursing staff are providing daily care and monitoring the use of the continuous by the resident. There was no

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documentation of monthly LNS nursing assessment could be provided.

b) Resident #2 was admitted to the facility with medical diagnosis of and Review of the current Resident Health Assessment indicates the resident requires medication management. Further review revealed a physician order for to be administered at bedtime for The resident is placed on LNS for administration and monitoring by the facility nursing staff. Review of the LNS progress notes reveals the resident is assisted daily with the administration of via nasal cannula at bedtime for symptoms of Further review revealed no monthly LNS nursing assessment has been completed for the resident.

On at approximately 1:00 PM during an interview with the Director of Nursing, she reviewed the residents records and confirmed that both residents were receiving LNS services. She stated that a monthly LNS nursing assessment had never been completed for the residents.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Renaissance (the)
1050 Southwest 24th Avenue
Deerfield Beach, FL 33442

RE: LNS/ ECC Monitoring Visit

Dear Administrator:

This letter reports the findings of a Limited Nursing Services (LNS) and Extended Congregate Care (ECC) monitoring visit that was conducted on . 2014 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 ***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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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