

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953426	(X3) DATE SURVEY COMPLETED 11/25/2014
NAME OF PROVIDER OR SUPPLIER Renaissance Manor	STREET ADDRESS, CITY, STATE, ZIP CODE 1401 16th Street Sarasota, FL 34236	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

These are the results of a Biennial and Limited Mental Health (LMH) survey conducted on through at Renaissance Manor, an Assisted Living Facility (ALF) located in Sarasota, Florida.

The following is a description of non-compliance:

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview, the facility failed to obtain a mental health assessment and an annual community living support plan for 2 (Residents #6 and #10) out of 2 sampled residents.

The findings include:

1. Record review for Resident #6 found that he was admitted to the facility on and is due to mental health diagnosis. The most recent Health assessment on file listed Further review found no documentation of placement assessment provided by the resident's mental health care provider within 30 days of admission to the facility that the resident has been assessed and found appropriate for residence in an assisted living facility.

Further review found no documentation of current annual community living support plan for the resident. The most recent plan on file was dated and expired on

2. Record review for Resident #10 found that he was admitted to the facility on and is due to mental health diagnosis. Resident #10 has a diagnosis of type Further review found no documentation of placement assessment provided by the resident's mental health care provider within 30 days of admission to the facility that the resident has been assessed and found appropriate for residence in an assisted living facility.

Further review found no documentation of annual community living support plan for the resident.

3. During an interview on at 1:31 p.m. the case manager said that she is usually responsible for completion of all forms needed but since she has been working there for only 3 months she has not completed the forms as of yet.

These issues were discuss with the administrator during exit on at 3:00 p.m.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Renaissance Manor
1401 16th Street
Sarasota, FL 34236

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by representative 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 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Acting Field Office Manager

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Enclosure: State Form

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