STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963790	**02/25/2015**
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)		

Specific Tag Findings:

0000-Initial Comments
An unannounced Abbreviated Relicensure with Extended Congregate Care and Limited Nursing Services survey was conducted on 2/24/15 through 2/25/15 at The Renaissance. The facility had no deficiencies found at the time of the visit.

This survey was conducted in conjunction with CCR #2014012080. Reference the separate report.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 12, 2015

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

RE: Abbreviated Biennial Relicensure Survey

Dear Administrator:

This letter reports findings of an Abbreviated Biennial Relicensure survey with Extended Congregate Care (ECC) and Limited Nursing Services (LNS) that was conducted on February 24 and February 25, 2015 by representatives of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 representatives. 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

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