

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/08/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11963790	(X3) DATE SURVEY COMPLETED 05/04/2015
NAME OF PROVIDER OR SUPPLIER RENAISSANCE (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 SOUTHWEST 24TH AVENUE DEERFIELD BEACH, FL 33442	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

An unannounced Limited Nursing Services (LNS) and Extended Congregate Care (ECC) monitoring visit was completed on 05/04/2015 at the Renaissance Assisted Living Facility. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 15, 2015

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

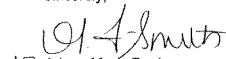
Dear Administrator:

This letter reports findings of a state licensure survey with Limited Nursing Services (LNS) and Extended Congregate Care (ECC) that was conducted on May 4, 2015 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: 5000-3547

1GGN

