STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953426	**05/11/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
RENAISSANCE MANOR	**1401 16TH STREET SARASOTA, FL 34236**	

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

0000 - Initial Comments

An unannounced Complaint survey, CCR #2015002046, was conducted on [redacted] at Renaissance Manor, an Assisted Living Facility (ALF) in Sarasota, Florida.

The following is description of the deficiencies.

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to have the required emergency management training for 4 (Staff A, B, C, and D) out of 4 staff records reviewed.

The findings included:

A review of the training records for Staff A (hire date [redacted], Staff B (hire date [redacted], Staff C (hire date [redacted], and Staff D (hire date [redacted], revealed they had not completed the required facility emergency management and procedures training.

The Assistant Administrator stated on [redacted] at 3:30 p.m., "I was not aware they needed the training."

Class III

0082 - Training - [redacted] - 58A-5.0191(3) FAC

Based on record review and interview, the facility failed to have the required [redacted] training for 4 (Staff A, B, C, and D) out of 4 Staff Records reviewed.

The findings included:

A review of the training records for Staff A (hire date [redacted], Staff B (hire date [redacted], Staff C (hire date [redacted], and Staff D (hire date [redacted], revealed they had not completed the required [redacted] training.

The assistant Administrator stated on [redacted] at 3:30 p.m., "I was not aware they needed the training."

Class III

0090 - Training - [redacted] - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to have the required training in the facility's policies and procedures regarding [redacted] for 4 (Staff A, B, C, and D) out of 4 Staff records

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

0090 Continued From page 1

reviewed.

The findings included:

Review of the training records for Staff A (hire date , Staff B (hire date , Staff C (hire date and Staff D (hire date revealed they had not completed the required training.

The Assistant Administrator stated on at 3:30 p.m., "I was not aware they needed the training."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Renaissance Manor
1401 16th Street
Sarasota, FL 34236

RE: CCR #2015002046

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representatives 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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AHCA.MyFlorida.com