STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922141	06/22/2015
NAME OF PROVIDER OR SUPPLIER **RENAISSANCE RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **300 WEST AIRPORT BLVD.** **SANFORD, FL 32771**	

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

0000 Initial Comments

Complaint Investigation #2015003086 was conducted in conjunction with the revisit to Complaint Investigation #2014007505, the revisit to Complaint Investigation #2014004285, and review of the Directed Plan of Care (DPOC) corrections on . Renaissance Retirement Center had deficiencies found at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview the facility failed to treat residents with consideration and respect and with due recognition of personal dignity and did not respond to grievances for 2 of 8 sampled residents (#15 & 18).

Findings:

1. On / at approximately 2 PM, resident #15 stated he had complained in the past about not receiving his medications to the marketing director. He stated he was aware of what medications he took.

Review of the grievance log did not reveal any documentation that he had complained of concerns with medications.

On / at approximately 3 PM, the resident care coordinator said she was not aware there had been prior medication issues with resident #15.

2. Review of the grievance log revealed on resident #18 reported that she had a watch, silver earrings and a white earring missing. The resolution was to put a lock on the closet door.

There was no documentation to review to indicate an investigation had been conducted into the grievance for missing items.

Resident #18 was alert and oriented, and on at approximately 3 PM, stated she was missing a watch, silver earrings and another pair of earrings. She stated the items were not expensive, but she had not found them and she missed the silver earrings.

On / at approximately 4:30 PM, the administrator stated he had worked in the facility for a month, the jewelry had not been located and the theft was not reported to law enforcement.

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

Class III

0052 Medication - Assistance with Self-Admin

Based on record review and interview the facility failed to ensure that when unlicensed staff provided assistance with self-administration of medications, they followed the appropriate procedure to take the medication, in its dispensed properly labeled container to the resident, in the presence of the resident, and read the label for 1 of 8 sampled residents (#15).

Findings:

On / at approximately 2 PM, resident #15 stated he ran out of his inhaler medication a few days ago. He also stated the unlicensed staff did not tell him what medications he was getting, and when they were giving the medications to him. He stated they previously had told him the names of the medication, but they currently did not tell him what his medications were.

Record review revealed resident #15 had an Assisted Living Facility Health Assessment form (1823) dated / that indicated diagnoses of and and the resident needed assistance with self-administration of medications.

The facility did not ensure the unlicensed staff followed the proper procedure when assisting the residents with self-administration of medications and took the medication, in its dispensed, properly labeled container to the resident and in the presence of the resident and read the label to the resident.

On at approximately 4:30 PM, the administrator and the resident care director said they were not aware the unlicensed staff did not read the labels to the resident when assisting with medications.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Renaissance Retirement Center
300 West Airport Blvd.
Sanford, FL 32771

RE: CCR #2015003086

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on , 2015 by representative(s) 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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(s). Should you have any questions please call Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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