STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922141	**11/18/2015**
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 #2015008965 was conducted on 11/18/15. Allegations were substantiated without deficiencies. Renaissance had deficiencies from the previous complaint investigation.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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

RE: CCR #2015008965

Dear Administrator:

This letter reports the findings of a complaint survey completed on November 18, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this complaint survey. There were, however, deficiencies remaining uncorrected on an additional survey at your facility. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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