

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/17/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963790	(X3) DATE SURVEY COMPLETED 05/03/2016
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NAME OF PROVIDER OR SUPPLIER RENAISSANCE (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 SOUTHWEST 24TH AVENUE DEERFIELD BEACH, FL 33442
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced licensure complaint investigation survey, CCR # 2016002080, was conducted at the Renaissance on 05/03/2016. The Renaissance had no deficiencies identified at the time of the investigation.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

May 17, 2016

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

RE: CCR #2016002080

Dear Administrator:

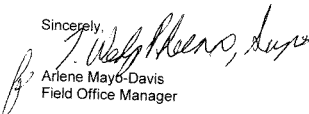
This letter reports the findings of a complaint survey completed on May 3, 2016 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **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 representative. Should you have any questions, please contact at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone: (561) 381-5840; Fax: (561) 496-5924
AHCA.MyFlorida.com



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