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

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

**0000 Initial Comments**

Revisit to Complaint Investigation #2014007505 was conducted on ../.. Renaissance Retirement Center had a deficiency re-cited at the time of the visit.

**0055 Medication - Storage and Disposal**

UNCORRECTED

Based on observation and interview, the facility failed to have residents keep centrally stored medication locked for 1 of 8 sampled residents (#15).

Findings:

Observation on ../.. at approximately 10:45 AM revealed resident #2 shared a resident #15. Resident #15's unlocked and there there was a bottle of 500 milligrams (mg.) and 81 mg. left unattended at his bedside.

On ../.. at approximately 12 PM, the resident care coordinator (RCC) was not aware the resident left medications unlocked and unattended in his .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: 2nd revisit to CCR#2014007505

Dear Administrator:

This letter reports the findings of a complaint investigation revisit survey conducted on 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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. Should you have any questions please call this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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