AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910038	**09/12/2016**
NAME OF PROVIDER OR SUPPLIER **RENAISSANCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **16001 LAKESHORE VILLA DRIVE TAMPA, FL 33613**	

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

0000 Initial Comments

Assisted Living Facility

On 9/12/2016 a complaint CCR2016007190 survey was conducted at Renaissance Assisted Living Facility. Renaissance Assisted Living Facility had no deficient practice identified at the time of survey.

License: 7531

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 26, 2016

Administrator
Renaissance
16001 Lakeshore Villa Drive
Tampa, FL 33613

RE: CCR #2016007190

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 12, 2016 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 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 surveyor(s). Should you have any questions, please contact **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form,

8JK1

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