RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 22, 2016

Administrator
Renaissance Manor
1401 16th Street
Sarasota, FL 34236

RE: AMENDED

Dear Administrator:

As a result of a discussion with our staff, please find enclosed the AMENDED CMS 2567 and State (5000) Form reflecting the deletion of one state tag.

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 (239) 335-1315.

Sincerely,

John Seehawer, R.N.
Field Office Manager

SH
Enclosure: Amended State Form

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953426	**09/13/2016**
NAME OF PROVIDER OR SUPPLIER **RENAISSANCE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **1401 16TH STREET** **SARASOTA, FL 34236**	

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

0000 Initial Comments

An unannounced biennial licensure and Limited Mental Health services survey was conducted on 9/13/16 at Renaissance Manor, an Assisted Living Facility (license #5258) in Sarasota, Florida.

No deficiencies were identified at the time of the survey.