STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922141	**11/09/2016**
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

On 11/09/2016 a complaint investigation#2016008529 was conducted at Renaissance Retirement Center license # 5815. Deficient practice was identified during the survey relating to #2016008529. In addition, a relicensure survey and a complaint investigation #2016012224 were also conducted with no deficiencies cited.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record reviews and interviews the facility did not provide care and services appropriate to the needs of the residents accepted for admission to the facility and did not follow healthcare provider orders for 1 of 8 sampled residents (#3).
Findings:
Record review for resident #3 revealed she was admitted to the facility on . Review of her health assessment form 1823 dated revealed she required assistance with self administration of her medications.
Review of her 2016 Medication Observation Record (MOR) revealed an entry dated / / for - 5-325 milligrams (mg) 1 tablet by mouth four times a day, around the clock. / / through / / were signed as given four times each day.
Review of a facility form titled 'controlled substance continual inventory form,' dated , and labeled with the name of resident #3 revealed an entry for - 5-325 mg 1 tablet by mouth four times a day, around the clock and was signed as given only three times on 11/ .
On / / at 3:00 PM, the administrator confirmed the medication was given only three times on / / and not four times as ordered by the health care provider.

class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observations and interviews, the facility failed to provide and maintain a home-like and decent environment in which to provide safe care for the residents.

Findings:

Observations during the tour on 11/9/16 at 9:30 AM, revealed dirty, stained and torn carpets throughout the facility in the hallways and resident rooms. The walls, doors and door frames were badly scuffed and damaged down to bare wood in Room 211. There were water stains on the ceiling throughout the facility. Examples of water stains include 2 ceiling stains in the 3rd floor activity room and several entryways to resident rooms have stains on the ceiling outside the door (i.e.: rooms 202, 209).

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SUMMARY STATEMENT OF DEFICIENCIES
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On 11/9/16 at 5:00 PM, the Administrator confirmed the findings and said they would make repairs and planned to replace the carpeting.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

', 2016

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

RE: CCR #2016008529

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on ', 2016 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than 11, 2017.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 call Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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