STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910038	01/13/2017
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 , 2017, a biennial relicensure survey was conducted at Renaissance. Deficient practice was identified during the survey.

(license # 7531)

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview the facility failed to ensure that 1 of 3 staff records reviewed (staff B) received a minimum of 1 hour in-service training with-in 30 days of employment that covers the following subjects: elopement, resident rights, recognizing and reporting resident , neglect and , incident reporting, emergency preparedness & evacuation and nutritional & safe food handling. The facility also failed to ensure 1 of 3 staff records reviewed (staff B) received three hours of in-service training within 30 days of employment that covers the following subjects: ADL and behavioral needs.

Findings included:

On , 2017 a record review was conducted for staff B, with a hire date of , 2016. Staff B's record did not contain documentation of the following training's within 30 days of employment: ADL and behavioral needs, resident rights, elopement, recognizing and reporting resident , neglect and , incident reporting, emergency preparedness & evacuation and nutritional & safe food handling.

On , 2017 at 2:17 pm an interview was conducted with the administrator. They stated staff B received the facility orientation but they did not have any documentation of the AHCA required training's being done.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910038	01/13/2017
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)

0082 - Training - [illegible] - 58A-5.0191(3) FAC

Based on staff record review and interview the facility failed to ensure 2 of 3 staff records reviewed (staff A and staff B) completed a one-time education course on and within 30 days of employment.

Findings included:

On , 2017 a record review was conducted for staff A, with a hire date of . Staff A's record had no documentation of a one-time education course of and within 30 days of employment.

On , 2017 at 2:17 pm an interview was conducted with the administrator. They stated that staff A did not have any documentation of having the required and training within 30 days of employment.

On , 2017 a record review was conducted for staff B, with a hire date of . Staff B's record had no documentation of a one-time education course of and within 30 days of employment.

On , 2017 at 2:17 pm an interview was conducted with the administrator. They stated that staff B did not have any documentation of having the required and training within 30 days of employment.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on staff record review and interview the facility failed to ensure 1 of 3 staff records reviewed (staff B) who provide assistance with self-administered medications completed annually a minimum of 2 hours of continued education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910038	**01/13/2017**
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)

On , 2017 a staff record review was conducted for Staff B, who provides assistance with self-administered medications. Staff B's record did not contain documentation of a minimum of 2 hours annually of continued education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

On , 2017 at 2:17 pm an interview was conducted with the administrator. They stated staff B does still provide assistance with self-administration of medication and has not completed the required 2 hour annual medication update.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Renaissance
16001 Lakeshore Villa Drive
Tampa, FL 33613

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2017, 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 , 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 **Teresa Ryan**, RNC, at 727-552-2000.

Sincerely,

Teresa Ryan RNC
for Patricia Reid Cauffman
Field Office Manager

PRC/kpr
Enclosure: State (5000-3547) Form

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