

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922141	(X3) DATE SURVEY COMPLETED 07/18/2017
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

A complaint investigation (CCR 2017004436) was conducted on 7/18/17. Renaissance Retirement Center (license #10162) had no deficiencies at the time of the visit,