

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922141	(X3) DATE SURVEY COMPLETED 01/29/2018
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 #2017011859 was conducted on 1/29/2018. Renaissance Retirement Center Assisted Living (License #5815) had no deficiencies at the time of the visit pertaining to this complaint. However, an additional survey was conducted on this same date with deficiencies cited.