

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922141	(X3) DATE SURVEY COMPLETED 11/20/2018
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 (CCR#2018014152) was conducted on 11/20/2018. Renaissance retirement Assisted Living, (LICENSE #5815) had no deficiencies at the time of the visit.