

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953426	(X3) DATE SURVEY COMPLETED R 01/02/2019
NAME OF PROVIDER OR SUPPLIER RENAISSANCE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1401 16TH STREET SARASOTA, FL 34236	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit survey was conducted on 1/2/19 at Renaissance Manor, an assisted living facility (license #5258) in Sarasota, Florida. This was a follow-up to the biennial, limited mental health and emergency power plan monitoring survey completed on 10/23/18. The previous deficiencies were found corrected and no new deficiencies were identified.		