

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/06/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910038	(X3) DATE SURVEY COMPLETED 02/19/2019
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 A Biennial licensure survey was conducted on The Renaissance, Assisted Living Facility (License #7531), had deficiencies at the time of this visit. 0081 - Training - Staff In-Service - 58A-5.0191() FAC Based on record review and interview, the facility failed to ensure that one of three care giver staff sampled (B) had received required training. Findings included: Personnel record review during the survey indicated that Staff B, hired, had only received a one hour. training regarding providing assistance with activities of daily living (ADLs) and resident behavior and needs on, and had only received a 30-minute training in elopement on The ADL/resident behavior and needs training is a 3 hour course, while the elopement training is a 1 hour training requirement. Interview with the Human Resources Director and Administrator at 2:10pm on provided no clarification for the missing requirements. Class III 0083 - Training - First Aid and . . . - 58A-5.0191(5) FAC Based on record review and interview, the facility did not ensure that at least one (1) staff member who had completed current courses in First Aid (FA) and (. . .) was in the facility at all times. Findings included: An employee file review during the survey found that Staff C, who worked the midnight shift, had no FA nor . . . certification available. Although the facility provided the current . . . card of another midnight staff member, they were unable to locate this individual's FA certification. No other current FA		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/06/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910038	(X3) DATE SURVEY COMPLETED 02/19/2019
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)		
certification for another overnight staff member was furnished during the remainder of the inspection . Interview with the administrator at 3:30pm on provided no clarification for this discrepancy. Class III 0090 - Training - - 58A-5.0191(11) FAC Based on record review and interview, one of three caregiver staff sampled (A) who had been employed at least 30 days had not received the minimum amount of required contact hours in all required areas of training. Findings included: Employee file review found that although Staff A had received training in the facility's policies and procedures relating to this orientation was only .5 hours and not the minimum requirement of at least 1 hour. Interview with the Human Resources Director and Administrator at 2:55pm on provided no clarification. Class III 0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC Based on record review and interview, the training certificates for two of three staff sampled (A; C) who assisted residents with their medication self-administration did not indicate the number of hours of the training program. Findings included: Personnel record review during the survey found a certificate for Staff A and Staff C from the same pharmacy provider regarding medication assistance and related areas. However, neither document indicated how many contact hours had been issued. Interview with the Human Resources Director and Administrator at 2:45pm on provided no explanation for these omissions. Class Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3) Based on record review and interview, the records of two of four staff sampled (A; C) did not contain the		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/06/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910038	(X3) DATE SURVEY COMPLETED 02/19/2019
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)		
signed Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, Findings included: Personnel file review during the survey revealed that neither Staff A (hired) nor Staff C (hired) had a copy of the Attestation of Compliance with Background Screening Requirements in their employment record. Interview with the Human Resources Director at 1:45pm on confirmed that these two individuals did not have these documents available for inspection. Unclassified		