STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969271	R **03/11/2019**
NAME OF PROVIDER OR SUPPLIER **RENAISSANCE SENIOR LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **2100 10TH AVE** **VERO BEACH, FL 32960**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced revisit to the complaint surveys CCR#2018014794 and CCR#2018014842, was conducted on [redacted] at Renaissance Senior Living. Previously cited deficiencies were found corrected.

The facility had a new deficiency identified at the time of the survey.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview and record review it was determined the facility failed to ensure within five (5) business days, the assisted living facility notified in writing, each resident and the resident's legal representative upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval and upon final implementation of the plan, the facility must maintain a copy of each notification in a manner that is readily available at the licensee's physical address for review by legally authorized entities.

The findings include:

During interview and review of the facility's environmental control plan conducted with the ED (Executive Director), on [redacted] beginning at approximately 2:20 PM, she was asked to produce a copy of the letter provided to residents and their legal representatives regarding submission of their plan. The ED stated she was not aware of this requirement, therefore, this had not been completed.

Class III