

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/10/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910038	(X3) DATE SURVEY COMPLETED 04/26/2019
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 A Complaint Investigation (Complaint Number: 2019005366) was conducted in conjunction with a Revisit to 02/19/19 Biennial Survey at Renaissance Tampa Assisted Living Facility on 04/26/19. The facility had no deficiencies at the time of the investigation.		