

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969271	(X3) DATE SURVEY COMPLETED R 05/20/2019
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

A second revisit to the complaint survey, number 2018014842, was conducted by desk review on _____ for Renaissance Senior Living. The facility had uncorrected and new deficiencies at the time of the survey.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on an interview, the facility failed to submit their Comprehensive Emergency Management Plan (CEMP) to the county emergency planning department for review and approval.

The findings included:

On _____ at 8:48 AM, a representative for the county stated that the last approved CEMP that was submitted by the facility was approved on _____, and expired on _____. An updated CEMP had not been received by the county as of _____. The plan is approved by the county for one (1) year, with the requirement that the facility resubmit the plan at least annually. The facility provided no additional documentation for review at this time.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on an interview, the facility failed to submit their Emergency Environmental Control Plan (EECP) with their Comprehensive Emergency Management Plan (CEMP) annually to the county emergency planning department for review and approval.

The findings included:

a) During interview and review of the facility's environmental control plan conducted with the ED (Executive Director), on _____ 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.

b) On _____ at 8:48 AM, a representative for the county stated that the last approved EECP that was submitted by the facility was approved on _____. The EECP was to be submitted annually with the CEMP to the county for review and approval. An updated EECP had not been received by the county as

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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of . The plan is approved by the county for one (1) year, with the requirement that the facility resubmit the plan at least annually with their CEMP. The facility provided no additional documentation for review at this time. Class III This is an uncorrected deficiency.		