

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 03/06/2014  
FORM APPROVED

|                                                                                                        |                                                                                              |                                                     |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11922141</b>                    | (X3) DATE SURVEY COMPLETED<br><br><b>03/06/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Renaissance Retirement Center</b>                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>300 West Airport Blvd.<br/>Sanford, FL 32771</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                              |                                                     |

**Revisit Corrected Tags:**

0052-Medication - Assistance With Self-Admin-03/06/2014

**Specific Tag Findings:**

0000-Initial Comments

Revisit to the Change of Ownership survey on 3/6/14. Renaissance Retirement Center had no deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 6, 2014

Administrator  
Renaissance Retirement Center  
300 West Airport Blvd.  
Sanford, FL 32771

RE: Revisit to CHOW

Dear Administrator:

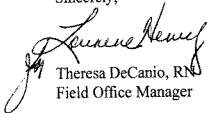
This letter reports the findings of a state licensure survey revisit conducted on March 6, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

  
Theresa DeCanio, RN  
Field Office Manager

LH/be  
Enclosure

