STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922141	10/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Renaissance Retirement Center	300 West Airport Blvd. Sanford, FL 32771	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - Z821 - 59a-35.110, Fac - Reporting Requirements; Electronic Submission S-S= C

Specific Tag Findings:
0000-Initial Comments
Complaint inspection CCR#2014007505 was conducted in conjunction to the revisit to CCR2014004285 on [redacted] and [redacted] Renaissance Retirement Center Assisted Living Facility had deficiencies found at the time of the visit.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and interview the facility failed to ensure medications were kept in a locked storage area at all times for 1 of 3 Random Sampled Residents (RS#1).

Findings:

Observations on [redacted] at approximately 3:40 PM on the second floor revealed there was a medication cart in the hallway next to the nurse's station. Further observation revealed on top of the cart was a container that had two bubble packs with medications inside. The medications were [redacted] 600 milligram (mg) and [redacted] 20 mg that belonged to RS#1. Residents were observed walking past the cart and there was no staff there. At approximately 3:42 PM the resident care director was observed sitting in her office. She was informed at the time that the medications were on top of the cart unsecured. The Resident Care Director left her office to also observe the unsecured medication. During this time Staff H arrived and stated he left the medications on top of the cart because he had an emergency.

Class III

Z821-Reporting Requirements; Electronic Submission 59A-35.110, FAC
Based on record review and interview the facility failed to ensure an adverse incident report was submitted within one business day when law enforcement conducted an investigation at the facility for 2 of 17 sampled residents (#13 & #14).

Findings:

Review of Sanford Police Department Report number 20141272334 dated [redacted] at 5:22 PM revealed resident #13 on [redacted] at approximately 9 AM had stored $70 in the top drawer of the desk located in his living [redacted] then he left for the day. When he arrived back to

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retrieve the money, he discovered that unknown person(s) by unknown means had removed it. On [redacted] at approximately 9 AM he had store $100 in the top drawer of his desk located in his living [redacted]. He went to have lunch and when he returned to deposit the money in the bank, the money had been removed by unknown person(s).

20141261677 dated [redacted] at 1:30 PM revealed resident #14 advised on [redacted] she discovered $400 had been removed from the safe in her [redacted] unknown means without her permission.

In an interview with the administrator on [redacted] at approximately 5 PM who stated the adverse incident reports were not completed as required.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: CCR #2014007505

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on , 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 .

Sincerely,

Theresa DeCanio,RN
Field Office Manager

LH/be
Enclosure

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