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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106104 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/02/2026 |
| NAME OF PROVIDER OR SUPPLIER Renaissance at the Terraces | | STREET ADDRESS, CITY, STATE, ZIP CODE 26475 South Tamiami Trail Bonita Springs, FL 34135 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to properly store raw meat to prevent cross contamination of ready to eat food in the walk-in refrigerator of the facility. The findings included: On 2/2/26 at 10:30 a.m., during a tour of the kitchen, Life Safety Code observation of the walk-in refrigerator revealed a pan containing raw beef tenderloin stored over cooked meat and raw mushrooms. The Director of dining verified that the raw meat was stored over ready to eat food. On 2/2/26 at 10:54 a.m., in an interview the Director of dining said the walk-in cooler went out a few nights prior. They moved all the food to the walk-in refrigerator. He said it had been challenging to get everything in the refrigerator and they missed the raw meat stored over the cooked meat and mushrooms. He said normally they kept meat on one side and dairy on the other. The Director of dining verified that raw meat should not be stored over ready to eat food, including vegetables. He said they were working on getting a quote on getting the walk-in cooler fixed. He said the Executive Chef was in charge of making sure food items are stored properly but ultimately it was his responsibility since he oversaw the dietary department. | | |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE