

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964990	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 03/04/2024
NAME OF PROVIDER OR SUPPLIER EMERALD PARK OF HOLLYWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 5770 STIRLING ROAD HOLLYWOOD, FL 33021		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{A 000}	Initial Comments An unannounced revisit to Complaint (#2023012435) survey was conducted on 03/04/2024 at Emerald Park of Hollywood. The previously cited deficiencies were found corrected at the time of the survey. Note: This survey was conducted inconjunction with the unannounced Complaint (#2023013159, #2024000057, #2024001497, #2024001779, #2024001831) survey on the same date. See separate report for findings.	{A 000}			

AHCA Form 3020-0001

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

TITLE

(X6) DATE