

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953616	(X3) DATE SURVEY COMPLETED 05/16/2013
NAME OF PROVIDER OR SUPPLIER Five Star Premier Residences Of Hollywood	STREET ADDRESS, CITY, STATE, ZIP CODE 2480 North Park Road Hollywood, FL 33021	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - Initial Comments

St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility Complaint inspection survey (CCR# 2013002354) was conducted on . The Five Star Premier Residences of Hollywood Assisted Living Facility had no deficiencies found at the time of the visit related to this allegation. Deficient practice was identified at the time of the survey unrelated to the complaint.

A 152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation, interview and record review, the facility failed to provide a safe environment, free from hazards. As evidenced by facility failure to prevent resident access to construction areas on the facility grounds.

The findings include:

During a tour of the facility on . at approximately 12:00 PM with the Administrator and Corporate Attorney, residents were observed ambulating with rolling walkers throughout the facility and going outside to the front of the building. The . was undergoing renovation; multiple buildings were covered with scaffolding engulfing them completely. The demolition construction on the buildings was very loud and construction vehicles were coming and going throughout the facility parking lots and the facility entrance. Construction debris was noted in the parking lots.

During an interview with the Administrator at 12:40 PM on . she stated the facility had put up an enclosure fence for safety, which prevents resident access to the lakes edge. She stated that due to the renovation construction, the benches along the sidewalk had been removed. The surveyor observed scaffolding on the entire building next to the lake enclosed area. A white metal fence was observed to enclose the lake walkway and building frontage. Key . access was noted on the outside entrance gates coming into/out of this gated area. The Administrator stated, that the residents would need to know the pass code to enter or leave this enclosed area when outside the building. She stated that due to the renovation, residents should not have access to the construction area due to safety concerns.

On . at approximately 3:30 PM, the surveyor observed that a section of the metal fence enclosure around the lake walkway, (next to the front parking lot) was missing. The keypad and gate remained intact but the lake area had open access due to the missing fence section. An interview was conducted with the Administrator and Executive Director on . at 3:40 PM, inquiring about the enclosed lake front area. They stated, the fenced enclosure provided safety for the residents. The Administrator, Executive Director, Regional Director of Operations and surveyor observed the section of the fence that had been removed. The Executive Director stated, she was not aware that the fencing had been removed and immediately went to speak with the construction foreman. She stated that the area was a construction site and should be closed off to prevent injury.

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The ground surrounding the open section of fence, was observed to be uneven, rocks and construction debris littered the pathway. Due to the fence removal, the enclosure did not provide protection for the elderly as stated by the Administrator. It was observed that residents can still achieve access to the area through both the lakes edge and construction site.

Class III

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Five Star Premier Residences Of Hollywood
2480 North Park Road
Hollywood, FL 33021

Re: CCR #2013002354

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative from this office.

Attached is the provider's copy of the State (3020) 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 . 2013 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,


b7 Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

