STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953616	12/06/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Five Star Premier Residences Of Hollywood	**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 - 0076 - 58a-5.0186 Fac - [illegible] S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

Specific Tag Findings:

0000-Initial Comments
An Assisted Living Facility standard biennial relicensure survey was conducted on [illegible] and [illegible] at Five Star Premier Residences of Hollywood. The facility had licensure deficiencies found at the time of the visit.

007([illegible] 58A-5.0186 FAC
Based on record review and interview, the facility failed to ensure that 3 out of 3 sampled employees (Employee A, B, C) reviewed had completed the required [illegible] training within 30 days of employment.

The findings include:

During record review on [illegible] at 11:00 AM to 12:30 PM, it was noted that 3 records (Employee #A, #B, and #C) failed to contain evidence of [illegible] training. The employees had the following dates of hire:

a) Employee #A date of hire documented as [illegible]
b) Employee #B date of hire documented as [illegible]
c) Employee #C date of hire documented as [illegible]

An interview with the Administrator and the Training Coordinator at 4:00 PM was conclusive that the records were correct and that the [illegible] training was indeed not completed.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953616	12/06/2013
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)

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, the facility failed to ensure that 3 out of 3 sampled employees (Employee #A, #B, #C) had completed the required in-service training within 30 days of employment.

The findings include:

During record review of personnel files on at around 11:00 AM, the following employees were noted to be missing documentation indicating completion of in-service training.

Employee #A with hire date of had not completed the following:
1. Elopement
2. Incident reporting
2. Resident Rights, recognizing and reporting training
3. Emergency Preparedness training
4. Nutritional and Safe Food Handling training

b) Employee #B with hire date of had not completed the following:
1. Elopement
2. Incident reporting
3. Resident Rights, recognizing and reporting training
4. Nutritional and Safe Food Handling training

c) Employee #C with hire date of had not completed the following:
1. Elopement
2. Incident reporting
3. Resident Rights, recognizing and reporting training
4. Emergency Preparedness training

An interview with the Administrator and the Training coordinator at around 4:00 PM, acknowledged the surveyor ' s findings. It was revealed no further documentation was available for review.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953616	**12/06/2013**
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)		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK

15, 2014

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

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted 6, 2013 by representatives 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 **15, 2014** 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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