

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/06/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953616	(X3) DATE SURVEY COMPLETED 02/04/2014
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)		

Revisit Corrected Tags:

0076-Do Not Resuscitate Orders (dnros)-02/04/2014
0081-Training - Staff In-Service-02/04/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 11, 2014

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

RE: Relicensure Survey Desk Review Revisit

Dear Administrator:

This letter reports the findings of a state relicensure survey desk review revisit conducted on February 4, 2014 by representatives of this office. Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected based on documentation submitted to this office for review.

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

