

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/28/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964990	(X3) DATE SURVEY COMPLETED 11/14/2016
NAME OF PROVIDER OR SUPPLIER EMERALD PARK RETIREMENT, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5770 STIRLING ROAD HOLLYWOOD, FL 33021	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments An unannounced complaint survey for CCR# 2016012588 was conducted 11/16/16 at Emerald Park Retirement, an Assisted Living Facility (license #9431) . The facility had no deficiencies identified at the time of the survey.		



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 28, 2016

Administrator
Emerald Park Retirement, LLC
5770 Stirling Road
Hollywood, FL 33021

RE: CCR #2016012588

Dear Administrator:

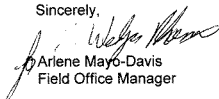
This letter reports the findings of a complaint survey completed on November 14, 2016 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (561) 381-5840.

Sincerely,



Arlene Mayo-Davis
Field Office Manager

AMD/
Enclosure

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Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone: (561) 381-5840; Fax: (561) 496-5924
AHCA.MyFlorida.com



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