

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964990	(X3) DATE SURVEY COMPLETED 06/06/2017
NAME OF PROVIDER OR SUPPLIER EMERALD PARK RETIREMENT	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 (CCR#2017002694 & 2017003255) was conducted at Emerald Park Retirement of Hollywood (License #9431) on 06/06/2017. There were no deficiencies at the time of the visit.