STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964990	**04/26/2017**
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 Change of Ownership (CHOW) survey was conducted on 4/25 and 4/26/17 at Emerald Park Retirement, license 9431. The facility had no deficiency identified at the time.