

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953616	(X3) DATE SURVEY COMPLETED 12/14/2017
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced complaint survey, CCR #2017011412, was conducted on 12/14/2017 at Five Star Premier Residences of Hollywood (License #5622). The facility had no deficiencies at the time of the visit.