

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964990	(X3) DATE SURVEY COMPLETED 12/29/2017
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 licensure complaint survey, CCR#2017011549 was conducted on 12/29/2017 at Emerald Park Retirement, License #9431. The facility had no deficiencies at the time of the visit.