

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964990	(X3) DATE SURVEY COMPLETED R 01/26/2018
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 revisit, CCR# 2017006809 and CCR# 2017009675, was conducted by desk review on 01/25/2018 and 01/26/2018 for Emerald Park Retirement, License # 9431. The facility corrected all outstanding deficiencies.