STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953616	R 03/12/2018
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

A relicensure revisit survey was conducted on and at Five Star Premier Residences of Hollywood, License #5622. The facility corrected two citations (A0010 and A0086); and one deficiency remained uncorrected (A0010). The facility was not in compliance during this inspection.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure the resident health assessments for 2 out of 3 sampled residents (residents #20 and 21) were accurately completed.

The findings are:

Review of resident #20's health assessment dated on indicated that the resident was diagnosed with , and kidney . Review of this health assessment indicated that the resident needed supervision with her dressing activity of daily living (ADL) and there was no explanation for the extent and type of supervision the resident needed to receive from the facility staff. Further review of this health assessment indicated that the resident did not need any help with her medications and there was no additional indication if the resident was able to administer her own medications without assistance. Review of the resident's medication observation record indicated that the resident received help with her medications from the facility staff, including one 0.25mg tablet of , at bedtime and one drop of , suspension at 9am and 9pm from to .

In an interview with the administrator on at 9:50am, she stated that she was not aware that resident #20's health assessment did not accurately represent the level of ADL supervision or medication assistance she needed. She stated that she believed that the resident usually refused to take her medications, including her eye drops.

Review of resident #21's health assessment dated on indicated that the resident was diagnosed with , , and . Review of this health assessment indicated that the resident needed supervision with her ambulation, dressing and transferring ADLs and there were no explanations for the extent and type of supervision the resident needed to receive from the facility staff. Further review of this health assessment indicated that the physician who performed this resident examination was physician who had a New York state address and license, #183198.

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SUMMARY STATEMENT OF DEFICIENCIES
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In an interview with the administrator on at 12:10pm, she stated that she was not aware that resident #21's health assessment was incomplete and that it needed to be performed and signed by a physician licensed in the state of Florida. She stated that the facility did not confirm if the physician who performed the resident's health assessment was additionally licensed in the state of Florida.

Class III