STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964990	**04/16/2018**
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 complaint inspection survey CCR# 2018002600 and 2018003878 was conducted on 4-10-18 and 4-16-18 at Emerald Park Retirement, License 39431. The facility had no deficiencies at the time of the survey.