

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 06/18/2018  
FORM APPROVED

|                                                                                          |                                                                                              |                                                                     |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11953616</b>                  | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>06/08/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>FIVE STAR PREMIER<br/>RESIDENCES OF HOLLYWOOD</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2480 NORTH PARK ROAD<br/>HOLLYWOOD, FL 33021</b> |                                                                     |

SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

An unannounced relicensure revisit survey was conducted on 06/08/2018 at Five Star Premier Residences of Hollywood, License # 5622. Previously cited deficiencies were found corrected.