STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953616	**09/24/2018**
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

An unannounced licensure complaint survey, CCR# 2018009502, was conducted on [redacted] at Five Star Premier Residence of Hollywood, License # 5622. The facility had a deficiency identified at the time of the survey.

A generator monitoring survey was completed in conjunction with this survey on the same date.

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Based on interview and record review, the facility failed to submit the Comprehensive Emergency Management Plan (CEMP) for review in a timely manner to the local emergency management agency.

The findings included:

A review of the Comprehensive Emergency Management Plan revealed an expiration date of [redacted]. The facility did not submit the CEMP for review and approval until [redacted].

On [redacted], an interview was conducted with the Executive Director and the Administrator of the facility. They both indicate that the local agency is back logged. They both stated the local Fire Inspection was also delayed. They acknowledged the findings, but did not feel their facility should be penalized for the back log of the licensing agencies.

Class III