

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953616	(X3) DATE SURVEY COMPLETED R 10/24/2018
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 revisit survey, CCR #2018009502, was conducted on 10/24/2018 by desk review, for Five Star Premier Residences of Hollywood, License #5622. The previously cited deficiency was found corrected on the day of the survey.