

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/13/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964990	(X3) DATE SURVEY COMPLETED R 02/25/2019
NAME OF PROVIDER OR SUPPLIER EMERALD PARK OF HOLLYWOOD	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 Relicensure revisit survey was conducted on February 25, 2019 at Emerald Park of Hollywood, License #9431. All outstanding deficiencies were found corrected at the time of the survey.

(This survey was conducted in conjunction with the licensure complaint revisit to CCR#2018008074 on the same date. See separate report for findings.)