

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910716	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/14/2020
NAME OF PROVIDER OR SUPPLIER NORTH LAKE RETIREMENT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1222 NORTH 16TH AVENUE HOLLYWOOD, FL 33020			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 000	Initial Comments AMENDED REPORT An unannounced Generator Assessment Monitoring survey was conducted on 07/14/2020 at North Lake Retirement Home. The facility had no new deficiencies identified at the time of the survey. Note: Tag A 0200-Emergency Environmental Control, remains uncorrected under a previous third revisit to the licensure complaint survey, #2019003660, conducted on 05/27/2020.	A 000			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE