STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953238	**05/17/2016**
NAME OF PROVIDER OR SUPPLIER **HOLLYWOOD BEACH RET. HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1722-26 MADISON STREET** **HOLLYWOOD, FL 33019**	

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

0000 Initial Comments

An unannounced Bed Capacity Increase survey (for a capacity of 25 to 32 residents) was conducted on May 6, 2016, May 17, 2016 and 10, 2016 at Hollywood Beach Retirement Home (License #5026). The facility had a deficiency found at the time of the visit.

0151 Physical Plant - Existing Facilities

Based on record review, interview and observations, it was determined that the facility failed to met the regulatory guideline requirements for a capacity of 32 residents, permitting 4 residents to a . Specifically, related to the current Building Code .

The findings include:

Review of Agency records revealed a Change of Ownership was conducted at the facility on 11/ for a capacity of 25 residents. The facility was granted permission for a maximum of 3 residents to a , based on evaluation of available square footage per each resident and based on original licensure date.

A survey was conducted on for a capacity increase of 25 to 32 residents. During an interview with the Administrator on and , it was revealed the facility plans to accommodate the capacity of 32 residents by placing 4 residents to a (total of 8 resident). Further interview with the Administrator on at 10 AM and at 2 PM, revealed the facility was renovated to accommodate the increase and all permits granted. The Florida Administrative Building code was discussed with the Administrator which allows no more than 2 persons to a newly licensed facilities unless prior permission granted. However, prior licensed facilities in which a Change of Ownership was granted are allowed to maintain the original capacity. The original capacity for this facility was 3 residents, therefore, under the CHOW the facility was granted an exemption to allow 3 persons to a . However, based on the Florida building code the facility does not met the standards to increase from 3 persons to 4 persons per .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Hollywood Beach Ret. Home
1722-26 Madison Street
Hollywood, FL 33019
RE: Bed Capacity Increase Survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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