STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953238	R **03/29/2017**
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

A desk review revisit survey to the capacity Increase survey (for a capacity of 25 to 32 residents) was conducted on 3/29/17 (License #5026). The facility had no deficiencies identified at the time of the visit.