STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953238	R **05/24/2017**
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 Relicensure survey was conducted on 05/24/17 at Hollywood Beach Retirement Home, License #5026. The facility had no deficiencies identified at the time of the visit.