

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/15/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953238	(X3) DATE SURVEY COMPLETED R 05/08/2019
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 revisit to the Relicensure survey was conducted by desk review on 05/08/19 for Hollywood Beach Retirement Home. The previously cited deficiencies were found corrected at the time of the survey.