

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 105021
(Y2) Multiple Construction
A. Building 01 - MAIN FED
B. Wing
(Y3) Date of Revisit 1/28/2015

Name of Facility HOLLYWOOD HILLS REHABILITATION CENTER, LLC
Street Address, City, State, Zip Code
1200 N 35TH AVE
HOLLYWOOD, FL 33021

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

| (Y4) Item | (Y5) Date | (Y4) Item | (Y5) Date | (Y4) Item | (Y5) Date |
|---------------------------|---------------------------------|---------------------------|---------------------------------|---------------------------|---------------------------------|
| ID Prefix | Correction Completed 01/11/2015 | ID Prefix | Correction Completed 01/11/2015 | ID Prefix | Correction Completed 01/11/2015 |
| Reg. # NFPA 101 LSC K0012 | | Reg. # NFPA 101 LSC K0015 | | Reg. # NFPA 101 LSC K0018 | |
| ID Prefix | Correction Completed 01/28/2015 | ID Prefix | Correction Completed 01/11/2015 | ID Prefix | Correction Completed 01/11/2015 |
| Reg. # NFPA 101 LSC K0062 | | Reg. # NFPA 101 LSC K0076 | | Reg. # NFPA 101 LSC K0106 | |
| ID Prefix | Correction Completed 01/11/2015 | ID Prefix | Correction Completed | ID Prefix | Correction Completed |
| Reg. # NFPA 101 LSC K0211 | | Reg. # LSC | | Reg. # LSC | |
| ID Prefix | Correction Completed | ID Prefix | Correction Completed | ID Prefix | Correction Completed |
| Reg. # LSC | | Reg. # LSC | | Reg. # LSC | |
| ID Prefix | Correction Completed | ID Prefix | Correction Completed | ID Prefix | Correction Completed |
| Reg. # LSC | | Reg. # LSC | | Reg. # LSC | |

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
Reviewed By

Date: 1/30/15
Date:

Signature of Surveyor:
Signature of Surveyor:

Date: 1/30/15
Date:

Followup to Survey Completed on:
12/11/2014

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

1/30/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
100611(Y2) Multiple Construction
A. Building 02 - MAIN LIC
B. Wing(Y3) Date of Revisit
1/28/2015

Name of Facility

HOLLYWOOD HILLS REHABILITATION CENTER, LLC

Street Address, City, State, Zip Code

1200 N 35TH AVE
HOLLYWOOD, FL 33021

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

| (Y4) Item | (Y5) Date | (Y4) Item | (Y5) Date | (Y4) Item | (Y5) Date |
|----------------------------------|---------------------------------------|----------------------------------|---------------------------------------|---|---------------------------------------|
| ID Prefix K0013 | Correction Completed 01/11/2015 | ID Prefix K0015 | Correction Completed 01/11/2015 | ID Prefix K0016 | Correction Completed 01/11/2015 |
| Reg. # NFPA 101- LSC 2009 LSC | | Reg. # NFPA 101- LSC 2009 LSC | | Reg. # NFPA 101- LSC 2009 LSC | |
| ID Prefix K0018 | Correction Completed 01/11/2015 | ID Prefix K0062 | Correction Completed 01/28/2015 | ID Prefix K0065 | Correction Completed 01/28/2015 |
| Reg. # NFPA 101- LSC 2009 LSC | | Reg. # NFPA 101- LSC 2009 LSC | | Reg. # 59A-4.133 FAC. 420.1.4 FB LSC | |
| ID Prefix K0076 | Correction Completed 01/11/2015 | ID Prefix K0109 | Correction Completed 01/11/2015 | ID Prefix | Correction Completed |
| Reg. # NFPA 101- LSC 2009 LSC | | Reg. # NFPA 101- LSC 2009 LSC | | Reg. # LSC | |
| ID Prefix | Correction Completed | ID Prefix | Correction Completed | ID Prefix | Correction Completed |
| Reg. # LSC | | Reg. # LSC | | Reg. # LSC | |
| ID Prefix | Correction Completed | ID Prefix | Correction Completed | ID Prefix | Correction Completed |
| Reg. # LSC | | Reg. # LSC | | Reg. # LSC | |

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
01-17 Smith
Reviewed By

Date:
1/30/15
Date:

Signature of Surveyor
01-17 Smith for AG
Signature of Supervisor:

Date:
1/30/15
Date:

Followup to Survey Completed on:

12/11/2014

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 30, 2015

Administrator
Hollywood Hills Rehabilitation Center, LLC
1200 N 35th Ave
Hollywood, FL 33021

RE: Life Safety Code Survey Revisit

Dear Administrator:

This letter reports the findings of a Life Safety Code survey revisit conducted on January 28, 2015 by a representative of this office. Attached are the provider's copies of the Revisit Reports, which indicates the previously cited deficiencies were found corrected on the day of the 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

