

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 [REDACTED], 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 [REDACTED] of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix Reg. # NFPA 101 LSC K0012	Correction Completed [REDACTED]	ID Prefix Reg. # NFPA 101 LSC K0015	Correction Completed [REDACTED]	ID Prefix Reg. # NFPA 101 LSC K0018	Correction Completed [REDACTED]
ID Prefix Reg. # NFPA 101 LSC K0062	Correction Completed [REDACTED]	ID Prefix Reg. # NFPA 101 LSC K0076	Correction Completed [REDACTED]	ID Prefix Reg. # NFPA 101 LSC K0106	Correction Completed [REDACTED]
ID Prefix Reg. # NFPA 101 LSC K0211	Correction Completed [REDACTED]	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By  
State Agency  
Reviewed By  
CMS RO

Reviewed By  
*[Signature]*  
Reviewed By

Date:  
1/30/15  
Date:

Signature of Surveyor:  
*[Signature]*  
Signature of Surveyor:

Date:  
1/30/15  
Date:

Followup to Survey Completed on:

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

**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 ■ of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix K0013 Reg. # NFPA 101- LSC 2009 LSC	Correction Completed ■	ID Prefix K0015 Reg. # NFPA 101- LSC 2009 LSC	Correction Completed ■	ID Prefix K0016 Reg. # NFPA 101- LSC 2009 LSC	Correction Completed ■
ID Prefix K0018 Reg. # NFPA 101- LSC 2009 LSC	Correction Completed ■	ID Prefix K0062 Reg. # NFPA 101- LSC 2009 LSC	Correction Completed ■	ID Prefix K0065 Reg. # 59A- ■ FAC. 420.1.4 FB LSC	Correction Completed ■
ID Prefix K0076 Reg. # NFPA 101- LSC 2009 LSC	Correction Completed ■	ID Prefix K0109 Reg. # NFPA 101- LSC 2009 LSC	Correction Completed ■	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By  
State Agency  
Reviewed By  
CMS RO

Reviewed By  
*Ol. Smith*  
Reviewed By

Date:  
1/30/15  
Date:

Signature of Surveyor  
*Ol. Smith for AG*  
Signature of Supervisor:

Date:  
1/30/15  
Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2587) Sent to the Facility?

YES NO



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

██████████ 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 ██████████ 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) ██████████

Sincerely,

  
Arlene Mayo-Davis  
Field Office Manager

AMD  
Enclosure

