Post-Certification Revisit Report

Department of Health and Human Services
Centers for Medicare & Medicaid Services

(Y1) Provider / Supplier / CLIA / Identification Number
105021

(Y2) Multiple Construction
A. Building
B. Wing
01 - MAIN FED

(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).

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Reviewed By: ___________  Date: 1/30/15  Signature of Surveyor: ___________

State Agency: ___________

Reviewed By: ___________  Date: 1/30/15  Signature of Surveyor: ___________

CMS RO: ___________

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

Form CMS - 2557B (9-02)  Page 1 of 1  Event ID: 266C22
State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
100611

(Y2) Multiple Construction
A. Building
B. Wing
02 - MAIN LIC

(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).

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Reviewed By
Reviewed By
Signature of Surveyor:
Date: 1/30/15
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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

STATE FORM: REVISIT REPORT (5/98)  Page 1 of 1  Event ID: 266C22
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,

[Signature]

Arlene Mayo-Davis
Field Office Manager

AMC
Enclosure