

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 105021	MULTIPLE CONSTRUCTION A. Building 01 - MAIN FED B. Wing	DATE OF REVISIT 4/12/2016
NAME OF FACILITY REHABILITATION CENTER AT HOLLYWOOD HILLS, 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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFA 101	Completed	Reg. #	Completed	Reg. #	Completed
LSC K0033	<span style="background-color: black; color: black;">[REDACTED]</span>	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS) <i>MS</i>	DATE	SIGNATURE OF SURVEYOR <i>Maureen S. [Signature]</i>	DATE 4/12/16
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 2/23/2016
  CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
  YES  NO

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 100611	MULTIPLE CONSTRUCTION A. Building 03 - MAIN LIC B. Wing	DATE OF REVISIT 4/12/2016
NAME OF FACILITY REHABILITATION CENTER AT HOLLYWOOD HILLS, 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 [redacted] of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix K0029 Reg. # NFPA [redacted] LSC [redacted]	Correction Completed	ID Prefix K0033 Reg. # NFPA 101- LSC 2012 LSC [redacted]	Correction Completed	ID Prefix K0144 Reg. # NFPA 101- 2012 LSC. NFPA [redacted] LSC [redacted]	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	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 (INITIALS) <i>MS</i>	DATE	SIGNATURE OF SURVEYOR <i>Mary Ellen</i>	DATE 4/22/16
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 2/23/2016

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2557) SENT TO THE FACILITY?  YES  NO



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

██████████, 2016

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

**RE: Life Safety Recertification Survey Revisit**

Dear Administrator:

This letter reports the findings of a Life Safety Recertification survey revisit conducted on ██████████ 12, 2016 by a representative of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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](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: Form CMS-2567B/State Revisit Report

J5XD

Delray Beach Field Office  
5150 Linton Boulevard, Suite 500  
Delray Beach, FL 33484  
Phone: (561) 381-5840, Fax: (561) 496-5924  
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida  
Youtube.com/AHCAFlorida  
Twitter.com/AHCA\_FL  
SlideShare.net/AHCAFlorida