

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964636	(X3) DATE SURVEY COMPLETED 08/06/2014
NAME OF PROVIDER OR SUPPLIER Peninsula (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 West Hallandale Beach Blvd Hollywood, FL 33023	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced licensure complaint survey, CCR# 2014005470, was conducted on 8/5/14 and 8/6/14 at The Peninsula. The facility had no deficiencies found at the time of the visit.

A relicensure survey was conducted in conjunction with the complaint. Please refer to separate report for findings.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 20, 2014

Administrator
Peninsula (The)
5100 West Hallandale Beach Blvd
Hollywood, FL 33023

RE: CCR #2014005470

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 6, 2014 by representatives of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 representatives. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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