STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964636	11/19/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Peninsula (the)	5100 West Hallandale Beach Blvd Hollywood, FL 33023	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR# 2014008501, was conducted on at The Peninsula. The facility had no deficiencies found at the time of the visit related to this complaint.

The facility had an unrelated deficiency (A 0160) identified at the time of this visit.

0160-Records - Facility 58A-5.024(1) FAC
Based on record review and interview, the assisted living facility failed to maintain an accurate and up-to-date Admission and Discharge log, for 1 out of 5 sampled records reviewed (Resident #1).

The findings include:

On a record review of Resident # 1's file revealed she was admitted to the facility on and discharged on A record review of the facility's Admission/ Discharge log for 2014 found no indication of Resident # 1's admission or discharge dates to the facility.

In an interview with the Director of Resident Care (DRC) on at approximately 12:15 PM, she stated Resident # 1 did not stay at this facility that long, but she does not know why Resident # 1 was not listed on the Admission/ Discharge Log.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: CCR #2014008501

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within ***thirty (30) days*** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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/dso
Enclosure: State form 5000-3547
XG90

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