

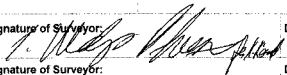
State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11964836	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 3/17/2015
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Name of Facility PENINSULA (THE)	Street Address, City, State, Zip Code 5100 WEST HALLANDALE BEACH BLVD HOLLYWOOD, FL 33023
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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).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0160 Reg. # 58A-6.024(1) FAC LSC	Correction Completed 03/17/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By		Reviewed By		Date:	7/29/15	Signature of Surveyor:		Date:	7/29/15
State Agency		Reviewed By		Date:		Signature of Surveyor:		Date:	
Reviewed By									
CMS RO									

Followup to Survey Completed on:

11/19/2014

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

AMENDED LETTER

July 29, 2015

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on March 17, 2015 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), 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.shtm> 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

AMD/dmb
Enclosure

DT9D

