

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/20/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964636	(X3) DATE SURVEY COMPLETED 01/08/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A complaint investigation (CCR# 2015009424; CCR# 2015009869; CCR# 2015009927) was conducted at The Peninsula on 12/10/15 and 1/8/16. The Peninsula had no deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 22, 2016

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

RE: CCR #2015009424, CCR #2015009869 & CCR #2015009927

Dear Administrator:

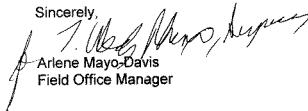
This letter reports the findings of complaint surveys completed on December 10, 2015 and January 8, 2016 by a representative of this office.

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

Sincerely,



Arlene Mayo Davis
Field Office Manager

AMD
Enclosure

8JK1

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](https://www.facebook.com/AHCAFlorida)
[Youtube.com/AHCAFlorida](https://www.youtube.com/AHCAFlorida)
[Twitter.com/AHCA_FL](https://twitter.com/AHCA_FL)
[SlideShare.net/AHCAFlorida](https://www.slideshare.net/AHCAFlorida)