

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964636	(X3) DATE SURVEY COMPLETED 10/05/2016
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NAME OF PROVIDER OR SUPPLIER PENINSULA (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 WEST HALLANDALE BEACH BLVD HOLLYWOOD, FL 33023
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced re-licensure survey was conducted on 10/4/2016 and 10/5/2016 at The Peninsula. The facility had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 24, 2016

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

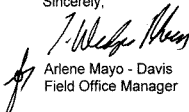
Dear Administrator:

This letter reports findings of a State Relicensure Survey that was conducted on October 5, 2016 by representative from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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/jw
Enclosure

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