

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964636	(X3) DATE SURVEY COMPLETED R 03/31/2017
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 desk review revisit survey to the Change of Ownership Survey was conducted on 3/31//2017 at The Peninsula Assisted Living and Memory Care (License#9196). The facility had no deficiencies identified at the time of the survey.