STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964636	**10/18/2017**
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

An unannounced licensure complaint survey, CCR #2017006725 was conducted on 10/18/17 at The Peninsula ALF, License #9196. The facility had no deficiencies at the time of the visit.