

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964636	(X3) DATE SURVEY COMPLETED 01/09/2018
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#2017011754, was conducted on 01/09/2018 at The Peninsula, License #9196. The facility had no deficiencies at the time of the investigation.