STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964636	R **01/07/2019**
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 Relicensure second revisit survey was conducted on 01/07/2019 at Peninsula (the), License #9196. All previously cited deficiencies were found corrected at the time of the survey.