STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965291	10/02/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Broadview Assisted Living	2110 Fleischmann Road Tallahassee, FL 32308	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

Revisit Corrected Tags:
0007-Admissions - Criteria-10/02/2013
E204-Ecc - Admissions & Continued Residency-10/02/2013

0000-Initial Comments

On 1-2, 2013 a unannounced follow-up Extended Congregate Care (ECC) Monitoring visit, along with an ECC Monitoring visit was conducted at Broadview Assisted Living, 2110 Fleischmann Road, Tallahassee, Florida. The facility had deficiencies found at the time of the survey.

E206-ECC - Service Plans 58A-5.030(7) FAC

Based on record reviews and interviews the facility failed to ensure that a Service Plan that identified the resident's needs, criteria for admission and evaluation of the residents needs was conducted for 1 of 3 Extended Congregate Care (ECC) (#1) residents, prior to admission into the ECC program and failed to update for 1 of 3 ECC (#3) residents the ECC Service Plan at least quarterly.

The findings incude:

1. Resident #1 was admitted to the facility on . The Wellness Director (WD) indicated that the resident entered the facility with a G-tube and a however in review of the resident's admitting health assessment (1823), dated if fails to identify or address either of these conditions.

The resident's record revealed a fax transmittal that went to and was received from the resident's attending physician, authorizing admission into the facilities Extended Congregate Care Services program, the date on the bottom of the fax transmittal was . There was no other date on the document to indicate otherwise. There was no documentation in the resident's nursing notes to indicate admission into the ECC program. The resident's health assessment, identifying the services to be provided, was dated on - **after** admission into the ECC services program, however the health assessment failed to be signed by the physician. The WD did indicate the resident went out to the hospital and returned to the facility on - but was not able to clarify when the resident actually entered the ECC program. The resident's initial ECC assessment and ECC Service Plan was completed on again after admission into the program.

2. A record review for Resident #3 was conducted. Resident #3 also receives ECC Services for care of her The resident's record revealed a Service plan last updated on 2013. This was identified as deficient on , previous ECC monitoring visit - as this should be updated at least quarterly. The facility failed to update the Service Plan to ensure services being provided were still appropriate for the resident. This was confirmed with the Wellness Director.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965291	**10/02/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Broadview Assisted Living	**2110 Fleischmann Road Tallahassee, FL 32308**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Broadview Assisted Living
2110 Fleischmann Road
Tallahassee, FL 32308

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2013 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 2013.**

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 surveyor. Should you have any questions please call this office at 850-412-4540.

Sincerely,

Patricia M Heiberg

Donah Heiberg, M.S.W.
Field Office Manager

Enclosure
DH/pm

BBT7

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