

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 01/15/2014  
FORM APPROVED

|                                                                                                        |                                                                                                     |                                                     |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11965291</b>                           | (X3) DATE SURVEY COMPLETED<br><br><b>01/09/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Broadview Assisted Living</b>                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>2110 Fleischmann Road<br/>Tallahassee, FL 32308</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                     |                                                     |

0000-Initial Comments

On 01/09/2014 an unannounced complaint investigation (CCR# 2013012380) was conducted at Broadview Assisted Living, located at 2110 Fleischmann Road, Tallahassee, Florida. The facility had no deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 15, 2014

Administrator  
Broadview Assisted Living  
2110 Fleischmann Road  
Tallahassee, FL 32308

**Re: CCR #2013012380**

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 9, 2014 by representatives of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 surveyors. Should you have any questions, please contact me at 850-412-4540.

Sincerely,

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

DH/kb  
Enclosure

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