

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/24/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965291	(X3) DATE SURVEY COMPLETED 03/19/2014
NAME OF PROVIDER OR SUPPLIER Broadview Assisted Living	STREET ADDRESS, CITY, STATE, ZIP CODE 2110 Fleischmann Road Tallahassee, FL 32308	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On March 19, 2014, an unannounced complaint (CCR# 2014002634) survey was conducted at Broadview Assisted Living Facility, 2110 Fleischmann Road, Tallahassee, Florida. There were no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 25, 2014

Administrator
Broadview Assisted Living
2110 Fleischmann Road
Tallahassee, FL 32308

Re: CCR #2014002634

Dear Administrator:

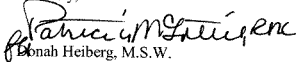
This letter reports the findings of a complaint survey completed on March 19, 2014 by a representative of this office.

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

Sincerely,


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

DH/pm
Enclosure

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