STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965291	**07/17/2014**
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:
0056-Medication - Labeling And Orders-07/17/2014

0000-Initial Comments

On 7/17/14 an unannounced extended congregate care (ECC) monitoring visit was conducted in conjunction with a revisit to CCR 2004002776, and 2014004843. No deficiencies were cited.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 21, 2014

Administrator
Broadview Assisted Living
2110 Fleischmann Road
Tallahassee, FL 32308

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 17, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 me at 850-412-4540.

Sincerely,

for Patricia M. Gutierrez, RNC
Denah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure

DT9D

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