| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965291** | **03/10/2015** |
| 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) | | |

0000-Initial Comments

An unannounced Biennial Survey (with Extended Congregate Care), in conjunction with a complaint survey (CCR#2015001756) was conducted at Broadview Assisted Living on [redacted] - [redacted]. At the time of survey there were deficiencies identified.

E205-ECC - Health Assessment 58A-5.030(6) FAC

Based on record review and staff interview, the facility failed to ensure that 2 of 3 residents (#13 and #14) receiving extended congregate care services health assessment was obtained at least annually.

The Findings:

On [redacted] a record review was conducted of the residents receiving extended congregate care services health assessments. The findings:
1. Client #13 last day of examination was done on [redacted]
2. Client #14 last day of examination was done on [redacted]

On [redacted] at approximately 9:00 am, an interview was conducted with the Director of Wellness and the Executive Director who stated that they were not aware that extended congregate care residents' health assessment had to be obtained at least annually. They both confirmed that the two resident's health assessments had not been obtained annually.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Broadview Assisted Living
2110 Fleischmann Road
Tallahassee, FL 32308

**RE: CCR #2015001756**

Dear Administrator:

This letter reports the findings of a state licensure Biennial, Complaint and Extended Congregate Care monitoring survey that was conducted on . 2015 and , 2015 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 call me at (850) 412-4540.

Sincerely,

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

DH/kb
Enclosure
XG90

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