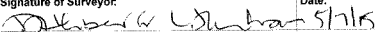


State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965291	(Y2) Multiple Construction A. Building _____ B. Wing _____	(Y3) Date of Revisit 4/30/2015
Name of Facility BROADVIEW ASSISTED LIVING		Street Address, City, State, Zip Code 2110 Fleischmann Road TALLAHASSEE, FL 32308

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix AE205	Correction Completed 04/30/2015	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # 58A-5.030(6) FAC		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	

Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: 	Date: 5/1/15
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO				

Followup to Survey Completed on:

3/10/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/05/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965291	(X3) DATE SURVEY COMPLETED R 04/30/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

On 4/30/15 a Revisit Survey to the Biennial with Extended Congregate Care (in conjunction with a revisit to CCR#2015001756 and ECC Monitoring) was conducted at Broadview Assisted Living Facility. At the time of survey the deficient practice was cleared.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 7, 2015

Administrator
Broadview Assisted Living
2110 Fleischmann Road
Tallahassee, FL 32308

RE: ECC MONITORING, REVISIT TO LICENSURE SURVEY& REVISIT TO COMPLAINT

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey & ECC Monitoring conducted on April 30, 2015 by representative(s) of this office. Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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 June 7, 2015.**

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(s). Should you have any questions please call ME at 850-412-4540.

Sincerely,


Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

YOSF

