STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965291	**07/06/2016**
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

An unannounced complaint survey (CCR#2016005917) in conjunction with a revisit to complaint survey (CCR#2016000489, CCR#2016001924 and CCR#2016003431) and revisit to the Extended Congregate Care Monitoring was conducted at Broadview Assisted Living (license number 9700) on 7/6/16. At the time of survey previously cited deficiencies were found corrected, and no new deficiencies were identified.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 18, 2016

Administrator
Broadview Assisted Living
2110 Fleischmann Road
Tallahassee, FL 32308

RE: CCR #CCR#2016000489, CCR#2016001924, CCR#2016003431 and CCR#2016005917

Dear Administrator:

This letter reports the findings of a state licensure complaint survey revisit (CCR#2016000489, CCR#2016001924 and CCR#2016003431), an Extended Congregate Care Monitoring survey revisit and a new complaint survey (CCR#2016005917) conducted on July 6, 2016 by a representative of this office.

Attached are the provider's copies of the State Forms (5000-3547) and Revisit Reports, indicating the previously cited deficiencies were found corrected on the day of the revisit and no new deficiencies were identified during this survey. **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 contact me at 850-412-4540.

Sincerely,

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

DH/kb
Enclosure

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

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