

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/27/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965291	(X3) DATE SURVEY COMPLETED 10/19/2016
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 2016010293, was conducted at Broadview Assisted Living in Tallahassee Florida, (License# 9700) , on October 19, 2016. No deficient practice was identified at the time of the survey visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 27, 2016

Administrator
Broadview Assisted Living
2110 Fleischmann Road
Tallahassee, FL 32308

RE: CCR #2016010293

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 19, 2016 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,

Kristi Camberg
For Donah Heiberg, M.S.W.
Field Office Manager

DH/kc
Enclosure

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