

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/12/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965291	(X3) DATE SURVEY COMPLETED 12/06/2016
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 2016012927, was conducted at Broadview Assisting Living facility (License# 9700) in Tallahassee, Florida on December 6, 2016. No deficient practice was identified at the time of the survey visit.

RICK SCOTT
GOVERNOR
JUSTIN M. SENIOR
INTERIM SECRETARY

December 12, 2016



Administrator
Broadview Assisted Living
2110 Fleischmann Road
Tallahassee, FL 32308

RE: Complaint # 2016012927

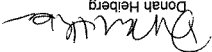
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 6, 2016 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,


Donah Heiberg
Field Office Manager

DH/dh
Enclosure

Tallahassee Field Office
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