STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910551	**03/15/2017**
NAME OF PROVIDER OR SUPPLIER **BROXTON'S ACLF**	STREET ADDRESS, CITY, STATE, ZIP CODE **2233 PATE POND ROAD** **CARYVILLE, FL 32427**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced complaint survey for allegations contained within CCR#2017000976 and CCR#2017001389 was conducted in conjunction with in a biennial survey at Broxton's Assisted Living Facility, license #5856, from 3/13/17 through 3/15/17. No deficient practice was identified related to the complaint survey; however, there was deficient practice associated with the biennial survey.