STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910551	R **04/26/2017**
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 revisit survey was conducted at Broxton's Assisted Living Facility, license #5856 on 4/26/17. This was a revisit to the biennial survey oriinally conducted on 3/15/17. At the time of the revisit, the previously cited deficiencies were found to be corrected.