STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965291	**06/01/2017**
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#2017004057 and CCR#2017003943) was conducted in conjunction with the Extended Congregate Care Monitoring at Broadview Assisted Living , license number 9700 on 5/31/17-6/1/17. At the time of survey no deficient practice was cited.