

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965291	(X3) DATE SURVEY COMPLETED 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 Extended Congregate Care (ECC) Monitoring was conducted in conjunction with a complaint survey (CCR#201700393 and CCR#2017004057) at Broadview Assisted Living, license number 9700 on 5/31/17-6/1/17. At the time of survey there were no deficiencies identified.