

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965185	(X3) DATE SURVEY COMPLETED 03/27/2017
NAME OF PROVIDER OR SUPPLIER BROADVIEW ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2310 ABBIE LANE PENSACOLA, FL 32514	

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

0000 - Initial Comments

An abbreviated licensure survey and Extended Congregate Care (ECC) monitoring visit was conducted 3/27/17 at Broadview Assisted Living Facility (license #9576). No deficient practice was identified at the time of the survey.