

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965185	(X3) DATE SURVEY COMPLETED 07/18/2017
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 unannounced state licensure complaint survey was conducted 7/17/17 and 7/18/17 related to allegations contained in CCR#2017007173 & CCR#2017007246. Broadview Assisted Living Facility (License # 9576) had no deficiencies at the time of the visit.		