

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965291	(X3) DATE SURVEY COMPLETED R 11/20/2017
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

On November 20, 2017, a desk review revisit survey was completed for the compliant survey dated August 15, 2017 at Broadview Assisted Living Facility, license #9700. Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.