

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965291	(X3) DATE SURVEY COMPLETED R 01/30/2018
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 revisit to the Extended Congregateed Care Monitoring was conducted at Broadview Assisted Living Facility (license #9700) on 1/30/2018. This survey was conducted in conjunction with a revisit to CCR#2017012588 and CCR#2017013217 completed 11/22/2017. At the time of survey the deficiencies were found to be corrected.