

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964615	(X3) DATE SURVEY COMPLETED R 02/13/2018
NAME OF PROVIDER OR SUPPLIER THE BROADMOOR ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 200 DIXIELAND DRIVE FORT PIERCE, FL 34982	

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

0000 - Initial Comments

A Revisit to the re-licensure survey was conducted on February 13, 2018 at The Broadmoor ALF, License #9190. Previously cited deficiencies were corrected.