

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910551	(X3) DATE SURVEY COMPLETED 05/30/2018
NAME OF PROVIDER OR SUPPLIER BROXTON'S A L F HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 2233 PATE POND ROAD CARYVILLE, FL 32427	

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

0000 - Initial Comments

An unannounced mid-cycle off year monitoring survey was conducted at Broxton A.L.F. , license #5856 in Caryville, FL on 5/30/2018. At the time of the survey, no deficient practice was identified.