STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965185	**04/04/2018**
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 complaint survey for allegations contained within CCR#2018003466 was conducted at Broadview Assisted Living Facility, state license #9576, on 4/4/2018. A compliant revisit for allegations contained within CCR#2017014872, originally conducted 2/13/2018, and an Extended Congregate Care (ECC) monitoring visit were conducted in conjunction. No deficient practice was identified related to the complaint survey or the ECC monitoring visit, and previously cited deficiencies were found corrected for the revisit portion of the survey.