

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/23/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965185	(X3) DATE SURVEY COMPLETED 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 Extended Congregate Care (ECC) monitoring visit 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 a new complaint survey for allegations contained within CCR#2018003466 were conducted in conjunction with the ECC monitoring visit. No deficient practice was identified related to the ECC monitoring visit or the new complaint, and previously cited deficiencies were found corrected for the revisit portion of the survey.		