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