

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965185	(X3) DATE SURVEY COMPLETED 07/25/2018
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 monitoring visit to complete a generator assessment was conducted at Broadview Assited Living Facility on 7/25/2018. At the time of survey there was no deficient practice identified.