

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964615	(X3) DATE SURVEY COMPLETED R 11/26/2018
NAME OF PROVIDER OR SUPPLIER THE BROADMOOR ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 200 DIXIELAND DRIVE FORT PIERCE, FL 34982	

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

0000 - Initial Comments

An unannounced licensure complaint revisit survey, CCR #2018007864, was conducted by desk review on 11/21/2018 and 11/26/2018 for The Broadmoor ALF, License #9190. The previously cited deficiency was found corrected.