STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965185	R **01/22/2019**
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

On January 22, 2019, a desk review revisit was conducted to the Complaint survey (CCR# 2018013231 & 2018013460) ending on November 20, 2018 at Broadview Assisted Living Facility in Pensacola, FL. Based on an acceptable plan of correction and supporting documentation, deficiencies were found corrected.