

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/10/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964615	(X3) DATE SURVEY COMPLETED 03/14/2019
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 survey, CCR #2019000070, was conducted on at The Broadmoor ALF, License #9190. The facility had no deficiencies identified at the time of the survey.