STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965291	**04/30/2019**
NAME OF PROVIDER OR SUPPLIER **BROADVIEW ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **2110 Fleischmann Road** **TALLAHASSEE, FL 32308**	

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

0000 - Initial Comments

An unannounced biennial relicensure survey with Extended Congregate Care was conducted on 04/29/19 & 4/30/19 at Broadview Assisted Living in Tallahassee, FL. At the time of the survey, deficient practice was not identified.