STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964615	**06/13/2019**
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 Generator Assessment Monitoring survey was conducted at The Broadmoor ALF on 06/13/19. The provider had no deficiencies at the time of the visit.