

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/31/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964801	(X3) DATE SURVEY COMPLETED 10/24/2013
NAME OF PROVIDER OR SUPPLIER At Home With Friends	STREET ADDRESS, CITY, STATE, ZIP CODE 3720 W Bay To Bay Blvd. Tampa, FL 33629	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013007965, was conducted on 10/24/13.

The At Home With Friends, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 31, 2013

Administrator
At Home With Friends
3720 W Bay To Bay Blvd.
Tampa, FL 33629

Re: CCR# 2013007965

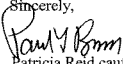
Dear Administrator:

This letter reports the findings of a complaint survey completed on October 24, 2013, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

