STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968142	**10/30/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Friendly House Of Tampa Bay	**2602 W Comanche Ave Tampa, FL 33614**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An initial limited mental health services (LMH) state licensure survey was conducted on 10/30/13.

The Friendly House of Tampa Bay, assisted living facility, had no deficiencies at the time of the visit.

A recommendation for a Standard license with LMH services is being made at this time.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 5, 2013

Administrator
Friendly House of Tampa Bay
2602 W Comanche Ave
Tampa, FL 33614

Dear Administrator:

This letter reports findings of a biennial state licensure survey, an initial limited mental health (LMH) licensure survey, and a capacity increase that were conducted on October 30, 2013, by a representative of this office. Attached are the provider's copies of the State (5000-3547) Forms, which indicate there were no discernible deficiencies noted on the date of the surveys.

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. Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Paul Brown

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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