STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968357	01/02/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Living With Friends	**3014 Hudson St Broadway, FL 33605**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0053-Medication - Administration-01/02/2015
0084-Training - Assis Self-Admin Meds & Med Mgmt-01/02/2015
0093-Food Service - Dietary Standards-01/02/2015

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 5, 2015

Administrator
Living With Friends
3014 Hudson St
Broadway, FL 33605

Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on January 2, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the desk review.

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 call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Teresa Ryan
for Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State Form (5000-3547)

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