

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/17/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911276	(X3) DATE SURVEY COMPLETED 08/11/2015
NAME OF PROVIDER OR SUPPLIER FAMILY OF FRIENDS, INC (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 2340 CELERY AVENUE SANFORD, FL 32771	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 Initial Comments

An abbreviated biennial relicensure survey with Limited Mental Health was conducted on 8/11/15. Family of Friends, Inc. Assisted Living Facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 17, 2015

Administrator
Family Of Friends, Inc (the)
2340 Celery Avenue
Sanford, FL 32771

RE: Abbreviated relicensure w/LMH

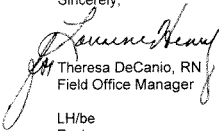
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on August 11, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call Lorraine Henry at (407) 420-2502.

Sincerely,


Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

1GGN

