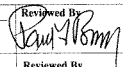


10/2/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11932691	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 09/30/2015
Name of Facility AT HOME WITH FRIENDS	Street Address, City, State, Zip Code 3901 W. PLATT STREET TAMPA, FL 33609	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0052 Reg. # 58A-5.0185 (3) LSC	Correction Completed 09/30/2015	ID Prefix A0080 Reg. # 429.52(1-2) FS: 58A-5.0191(1) LSC	Correction Completed 09/30/2015	ID Prefix A0084 Reg. # 58A-5.0191(5) FAC LSC	Correction Completed 09/30/2015
ID Prefix A0085 Reg. # 58A-5.0191(6) FAC LSC	Correction Completed 09/30/2015	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed 09/30/2015	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
Reviewed By State Agency	Reviewed By 	Date: 10/5/15	Signature of Surveyor:		Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		Date:

Followup to Survey Completed on:
09/03/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 6, 2015

Administrator
At Home With Friends
3901 W. Platt Street
Tampa, FL 33609

Dear Administrator:

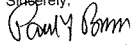
This letter reports the findings of a state licensure survey revisit conducted on September 30, 2015 by representative(s) of this office.

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 revisit.

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,

for 
Patricia Reid Kaufman
Field Office Manager

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
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