

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/14/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968661	(X3) DATE SURVEY COMPLETED 06/29/2016
NAME OF PROVIDER OR SUPPLIER LIVING WITH FRIENDS ALF II	STREET ADDRESS, CITY, STATE, ZIP CODE 3405 N 12TH ST BROADWAY, FL 33605	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility

On June 29, 2016 a biennial relicensure with LMH survey was conducted at Living with Friends ALF. No deficient practice was identified during the survey. License # 12542



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

July 14, 2016

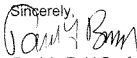
Administrator
Living With Friends ALF II
3405 N 12th St
Broadway, FL 33605

Dear Administrator:

This letter reports findings of a biennial state licensure survey with limited mental health (LMH) that was conducted on June 29, 2016, 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

1GGN

