STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965243	R **06/27/2017**
NAME OF PROVIDER OR SUPPLIER **FRIENDS AT HOME ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3680 CANAVERAL GROVES BLVD.** **COCOA, FL 32926**	

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on 6/27/2017. Friends at Home Assisted Living, Inc. (License #9640) had no deficiencies at the time of the visit.