

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968661	(X3) DATE SURVEY COMPLETED 07/13/2017
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 A complaint survey, (CCR# 2017006448), was conducted at Living With Friends Assisted Living Facility II on 07/13/2017. Living With Friends Assisted Living Facility had no deficient practice identified at the time of the survey. (License # 12542)		