STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911276	**08/15/2017**
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 re-licensure survey with Limited Mental Health (LMH) was conducted on 8/15/17. Family of Friends Inc., The, license #7392, had no deficiencies at the time of the visit.