STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969273	**10/23/2017**
NAME OF PROVIDER OR SUPPLIER **FAITHFUL FRIENDS INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1902 49TH AVE E** **BRADENTON, FL 34203**	

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

0000 - Initial Comments

Assisted Living Facility

On October 23, 2017, an initial state licensure survey was conducted at Faithful Friends, Inc. Deficient practice was not identified during this visit.

(License # pending)