STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968142	**10/23/2017**
NAME OF PROVIDER OR SUPPLIER **FRIENDLY HOUSE OF TAMPA BAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2602 W COMANCHE AVE** **TAMPA, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced, abbreviated biennial state re-licensure survey with Limited Mental Health (LMH) was conducted on 10/23/17. The Friendly House of Tampa Bay, Assisted Living Facility, (License # 12101), had no deficiencies at the time of this visit.