STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932691	R **11/09/2017**
NAME OF PROVIDER OR SUPPLIER **AT HOME WITH FRIENDS**	STREET ADDRESS, CITY, STATE, ZIP CODE **3901 W. PLATT STREET** **TAMPA, FL 33609**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to an abbreviated relicensure survey was conducted at At Home with Friends on 11/09/2017. At Home with Friends, Assisted Living Facility, had no deficient practice at the time of the visit.

(License # 8195)