

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/15/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969273	(X3) DATE SURVEY COMPLETED R 07/30/2018
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

A revisit to a complaint survey (CCR#2018006099) of 6/4/2018 was conducted on 7/30/2018 at Faithful Friends assisted living facility. At the time of the survey, the facility had no deficient practice.

(License# 13096)