STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968661	R **09/12/2018**
NAME OF PROVIDER OR SUPPLIER **LIVING WITH FRIENDS ALF II**	STREET ADDRESS, CITY, STATE, ZIP CODE **3405 N 12TH ST** **TAMPA, FL 33605**	

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

0000 - Initial Comments

Assisted Living Facility

A Revisit to a 7/16/2018 Biennial survey with Limited Mental Health was conducted at Living With Friends Assisted Living Facility II on 09/12/2018. Living With Friends Assisted Living Facility II had deficient practice identified at the time of the survey.

License: 12542

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and record review, the facility failed to produce documentation of an approved emergency management plan, subitted to the local emergency management agency for review.

Findings included:

On review of facility records revealed no documentation of a approved emergency management plan.

On at 9: 45 AM, the administrator was asked for a copy of the approval letter for the facility's emergency management plan from the local emergency management agency. The administrator did not provide a documentation of an approved certified emergency manage plan. The adminstrator stated, "we don't have one approved yet, we are still waiting."

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III