STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969273	**10/04/2018**
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

On , 2018, a monitoring visit for financial stability and fire safety status was conducted at Faithful Friends, Inc. (Lic. #13096). There was a deficiency identified during the visit.

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility did not maintain all requested records with respect to its fire safety inspections over the last 2 years.

Findings included:

At 10:20 am on , the facility's most recent fire safety inspection report was requested. After nearly an hour and a half, the administrator stated at approximately 11:50 am that she was unable to locate the document, but insisted that the local fire marshal had been to her facility within the last few weeks and that she had received a visit report at that time.
Further interview revealed that she was not sure where said document had been filed, nor where her prior fire department-related records were located.

Class III