STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932691	R **10/05/2018**
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

On October 5th, 2018 a second revisit to a 6/21/18 Complaint survey (CCR#2018005372) was conducted in conjunction with a Complaint survey (CCR#2018014645) at At Home with Friends. At the time of the survey, the facility had no deficiencies.

(License# 8195)