

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932691	(X3) DATE SURVEY COMPLETED 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 Complaint survey (CCR#2018014645) was conducted in conjunction with a second revisit to a 6/21/18 Complaint survey (CCR#2018005372) at At Home with Friends. At the time of the survey, the facility had no deficiencies. (License# 8195)		