

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968661	(X3) DATE SURVEY COMPLETED R 10/18/2018
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

On October 18, 2018 a second revisit to a 7/16/18 Biennial with Limited Mental Health survey was conducted at Living with Friends II in conjunction with a complaint survey and a monitoring survey. The facility did not have any deficiencies related to this revisit at the time of the survey.

(license#12542)