

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968661	(X3) DATE SURVEY COMPLETED 10/19/2018
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 19, 2018 a Monitoring Visit for Resident Well-Being was conducted at Living with Friends II.

(license #12542)