

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 10/21/2018
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 21, 2018 a Monitoring for Resident Well-Being survey was conducted at Living with Friends II. (license #12542)		