

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965243	(X3) DATE SURVEY COMPLETED R 11/20/2018
NAME OF PROVIDER OR SUPPLIER FRIENDS AT HOME ASSISTED LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3680 CANAVERAL GROVES BLVD. COCOA, FL 32926	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit to the generator monitoring survey was conducted on 11/20/2018. Friends at Home Assisted Living, (License# 9640) had deficiencies at the time of the visit.		