STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965243	**11/19/2018**
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 complaint investigation (CCR#2018013107) was conducted on . . . . . Friends at Home Assisted Living, 3680 Canaveral Groves Blvd., Cocoa, 32826 (LIC#9640) had a deficiency at the time of the visit.

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to keep an up to date admission and discharge log listing the names of all residents for 1 of 13 sampled residents (#1).

Findings:

A record review for resident #1 revealed the resident was admitted to the facility on . . . . and discharged from the facility on .

The facility's admission discharge log did not list resident #1 as a resident.

During an interview conducted on . . . . at various times starting at 10:15 am with the House Manager, she confirmed Resident#1 was omitted from the admission/discharge.

Class III