STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969273	R **11/27/2018**
NAME OF PROVIDER OR SUPPLIER **FAITHFUL FRIENDS INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1902 49TH AVE E** **BRADENTON, FL 34203**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

An onsite revisit was conducted on 11/27/2018 at Faithful Friends, Inc. (Lic. #13096). The deficient practice previously cited on 10/4/2018 was corrected during the visit.