STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968661	R **02/22/2019**
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 February 22nd, 2019 a second Revisit to a 10/26/18 Monitoring Visit was conducted at Living with Friends Assisted Living Facility II. The facility had no deficiencies at the time of the survey.

(License #12542)