STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911276	**04/17/2019**
NAME OF PROVIDER OR SUPPLIER **FAMILY OF FRIENDS, INC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **2340 CELERY AVENUE** **SANFORD, FL 32771**	

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

0000 - Initial Comments

An unannounced monitoring visit related to emergency environmental control plan was conducted at Family of Friends, Inc. located in Sanford, Florida on 04/17/2019. There was no deficient practice found at the time of the monitoring visit.