

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911276	(X3) DATE SURVEY COMPLETED 05/07/2019
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

The re-licensure survey was completed on 5/7/2019. Family of Friends Inc. had no deficiencies were found at the time of the visit.