STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968670	**10/02/2017**
NAME OF PROVIDER OR SUPPLIER **QUALITY HOME CARE SERVICES**	STREET ADDRESS, CITY, STATE, ZIP CODE **11104 N 28TH STREET** **TAMPA, FL 33612**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint survey, (CCR# 2017007288), was conducted at Quality Homes Care Services Assisted Living Facility on . Quality Homes Care Services, Assisted Living Facility, had deficient practice identified at the time of the visit.

(License # 12550)

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

Based on observation, interview, and the facility failed to have resident records readily available for 1 (#1) of 5 residents sampled for review.

Finding included:

On . . . . 9:45 A.M. surveyor requested Resident #1 medical records for review.

On . . . . during a interview with staff A, staff A confirmed the she was unable to provide resident #1 records for review. Staff A, confirmed she does not have access to any of the the facility medical records. Staff A, stated, all records are located inside the administrator's office on premises; however, she has no key to unlock the door. No further documentation was provided.

Class III