STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967635	**09/06/2017**
NAME OF PROVIDER OR SUPPLIER **HILDA'S HOME CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **8812 BAYAUD DRIVE** **TAMPA, FL 33626**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced abbreviated re-licensure survey was conducted in conjunction with an complaint (CCR# 2017009337) survey from 08/31/2017 to 09/06/2017, at Hilda's Home Care ALF, an assisted living facility in Tampa, Florida. There were no deficiencies cited for the re-licensure survey.

(License # 11663)