STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968945	**12/18/2017**
NAME OF PROVIDER OR SUPPLIER **HOWARD HOME CARE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7001 N HOWARD AVE** **TAMPA, FL 33604**	

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

0000 - Initial Comments

Assisted Living Facility

On 12/18/2017, a biennial state relicensure survey was conducted at Howard Home Care ALF, (Lic. #12778). No deficient practice was identified during the survey.