STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968670	R **01/04/2018**
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 revisit was conducted on 1/4/18 at Quality Home Care Services, Assisted Living Facility. The deficient practice previously cited on 10/2/17 was corrected during the revisit.

(License # 12550)