STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968937	**02/21/2018**
NAME OF PROVIDER OR SUPPLIER **SPECIALTY CARE SERVICES INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2925 NW 4TH AVE** **OCALA, FL 34475**	

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

0000 - Initial Comments

An unannounced biennial licensure survey was attempted at Specialty Care Services, Inc (License #12804), Ocala, FL on 03.01.2018. On the day of survey it was discovered this facility license status is inactive, therefore; no survey was completed.