STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967635	**07/02/2018**
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

A Monitoring for Post Closure survey was conducted at Hilda's Home Care Assisted Living Facility on 7/02/2018.

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