STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968670	**07/24/2018**
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

On July 24, 2018 a standard biennial survey was conducted at Quality Home Care Services. No deficiencies were identified at the time of the visit.

(license # 12550)