STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968670	**01/16/2019**
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 Janury 16th, 2019 a complaint survey (CCR#2018015885) was conducted at Quality Home Care Services. At the time of the survey, the facility had no deficiencies

(License #12550)