Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	747977	06/11/2026
Name of Provider or Supplier	**Street Address, City, State**	
Quality First Home Health Care Inc	2503 N Us Highway 281, Ste 100, Marble Falls, TX	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
E0000	A recertification survey was conducted on 6/9/26. The census was: L&CHH: 24 Abbreviations/Acronyms: L&CHH: Licensed Home Health