

AGENCY FOR HEALTH CARE
ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969103	(X3) DATE SURVEY COMPLETED 10/18/2016
NAME OF PROVIDER OR SUPPLIER CONSUELO'S ALF II	STREET ADDRESS, CITY, STATE, ZIP CODE 4335 WALLACE CIR TAMPA, FL 33611	

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

0000 Initial Comments

Assisted Living Facility

On October 17, 2016, an initial state licensure survey with limited mental health (LMH) was conducted at Consuelo's II ALF. No deficiencies were identified during the visit. A recommendation for a Standard license with LMH is being made at this time.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 27, 2016

Administrator
Consuelo's ALF II
4335 Wallace Cir
Tampa, FL 33611

Dear Administrator:

This letter reports findings of an initial state licensure survey with limited mental health (LMH) that was conducted on October 18, 2016, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

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