STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968118	**04/10/2017**
NAME OF PROVIDER OR SUPPLIER **MI BELLO HOGAR LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3406 WEST CARACAS ST** **TAMPA, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

On 4/10/17, a change of ownership (CHOW) state licensure survey was conducted at Mi Bello Hogar Living Facility. No deficiencies were identified at the time of the visit.

(License # 12080)