STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968604	**05/15/2017**
NAME OF PROVIDER OR SUPPLIER **CONSUELOS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4401 W BALLAST POINT BLVD** **TAMPA, FL 33611**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint survey, (CCR# 2017002435), was conducted at Consuelo's ALF on 5/15/17. No deficiencies were identified at the time of the visit.

(license # 12485)