STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968604	**02/26/2018**
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

On February 26, 2018 a Biennial with limited mental health (LMH) survey was conducted at Consuelo's Assisted Living Facility. No deficiencies were identified during the visit.
(license #12485)