STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968118	R **03/18/2019**
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

A follow-up to a 1/23/2019 biennial licensure survey was conducted for Mi Bello Hogar Living Facility on 3/18/19. The previously cited deficiencies were found corrected via desk review.

Lic #12080