STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969103	**10/22/2018**
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

A Biennial with Limited Mental Health survey was conducted at Consuelo's Assisted Living Facility on 10/22/2018. Consuelo's Assisted Living Facility had no deficient practice identified at the time of the survey.

License: 12923