STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968004	**08/28/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Allegro At Willoughby, Llc (the)	**3400 Se Aster Ln Stuart, FL 34994**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments
An Assisted Living Facility complaint inspection survey (CCR #2013007024 and CCR #2013004610) was conducted on 8/27/13 and 8/28/13. The Allegro at Willoughby LLC, had no licensure deficiencies found at the time of the visit.

A follow up survey to complaint (CCR #2013001688) was conducted in conjunction with these inspections on the same date. Please refer to the separate report for the findings.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 10, 2013

Administrator
Allegro At Willoughby, LLC (the)
3400 SE Aster Ln
Stuart, FL 34994

Re: CCR #2013004610 and 2013007024

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 28, 2013 by representatives of this office. Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representativies. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 500-3547

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