

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/02/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968004	(X3) DATE SURVEY COMPLETED 05/30/2014
NAME OF PROVIDER OR SUPPLIER Allegro At Willoughby, Llc (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 Se Aster Ln Stuart, FL 34994	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced licensure complaint inspection, CCR #2014002200, was conducted on May 22-30, 2014. The Allegro At Willoughby, LLC had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 11, 2014

Administrator
Allegro At Willoughby, Llc (the)
3400 Se Aster Ln
Stuart, FL 34994

Re: CCR #2014002200

Dear Administrator:

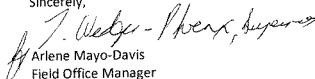
This letter reports the findings of a complaint survey completed on May 30, 2014 by a representative of this office.

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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/jw

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