

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968004	(X3) DATE SURVEY COMPLETED 12/27/2016
NAME OF PROVIDER OR SUPPLIER ALLEGRO AT WILLOUGHBY	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 SE ASTER LN STUART, FL 34994	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2016013470, was conducted on 12/27/2016 at The Allegro at Willoughby (License #11983). The facility had no deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 11, 2017

Administrator
Allegro At Willoughby
3400 Se Aster Ln
Stuart, FL 34994

RE: CCR #2016013470

Dear Administrator:

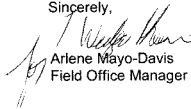
This letter reports the findings of a complaint survey completed on December 27, 2016 by a representative of this office.

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 the field office at (561) 381-5840.

Sincerely,



Arlene Mayo-Davis
Field Office Manager

AMD/ch
Enclosure

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