

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968004	(X3) DATE SURVEY COMPLETED R 03/29/2017
NAME OF PROVIDER OR SUPPLIER THE 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

A desk review revisit survey was conducted on March 29, 2017 at Allegro At Willoughby (License #11983). The facility had no deficiencies identified at the time of the survey.