STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968004	**08/20/2018**
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

An unannounced initial Limited Nursing Services survey was conducted on 8/20/2018 at The Allegro at Willoughby, License #11983. The facility had no deficiencies at the time of the survey.

This survey was conducted in conjunction with licensure complaint, CCR#2017013079 on the same date. See separate report for findings.