STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968004	**01/23/2019**
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 Relicensure with Limited Nursing Services (LNS) survey was conducted on 01/22/19 and 01/23/19 at The Allegro At Willoughby, License #11983. The facility had no deficiencies identified at the time of the visit.

Note: The LNS portion of this survey was conducted on a separate date. Please refer to the report for the findings.