

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968004	(X3) DATE SURVEY COMPLETED 02/04/2019
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 Limited Nursing Services Monitoring visit was conducted on 2/4/19 at The Allegro at Willoughby, license # 11983. There were no deficiencies identified at the time of the survey.		