

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968333	(X3) DATE SURVEY COMPLETED 08/13/2014
NAME OF PROVIDER OR SUPPLIER Allegro At Abacoa, Llc (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 1031 Community Drive Jupiter, FL 33458	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced follow-up to the licensure survey was conducted on August 13, 2014. The Allegro At Abacoa, LLC had no deficiencies found at the time of the visit.

Revisit Corrected Tags:

0008-Admissions - Health Assessment-08/13/2014

0025-Resident Care - Supervision-08/13/2014

0162-Records - Resident-08/13/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 27, 2014

Administrator
Allegro At Abacoa, Llc (The)
1031 Community Drive
Jupiter, FL 33458

Dear Administrator:

This letter reports the findings of a State Relicensure Revisit Survey conducted on August 13, 2014 by a representative from this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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 call this office at (561) 381-5840.

Sincerely,


Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

DT9D

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