

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953595	(X3) DATE SURVEY COMPLETED 02/02/2015
NAME OF PROVIDER OR SUPPLIER Allegro At College Harbor (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 54th Avenue, South Saint Petersburg, FL 33711	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A Complaint CCR#2014011620, visit was conducted on 2/2/15.

The Allegro at College Harbor Assisted Living Facility had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 12, 2015

Administrator
Allegro At College Harbor (the)
4600 54th Avenue, South
Saint Petersburg, FL 33711

RE: CCR #2014011620

Dear Administrator:

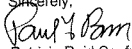
This letter reports the findings of a complaint survey completed on February 2, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

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 surveyor(s). Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for 
Patricia Reid Cauffman
Field Office Manager

PRC/ctt

Enclosure: State (5000-3547) Form

