

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/28/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966055	(X3) DATE SURVEY COMPLETED 10/20/2015
NAME OF PROVIDER OR SUPPLIER ALLEGRO AT EAST LAKE LLC (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 1755 EAST LAKE ROAD TARPON SPRINGS, FL 34688	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments Assisted Living Facility An unannounced change of ownership (CHOW) state licensure survey was conducted on 10/20/15. The Allegro at East Lake, Assisted Living Facility, had no deficiencies at the time of this visit.		



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

October 28, 2015

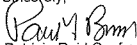
Administrator
Allegro at East Lake LLC (The)
1755 East Lake Road
Tarpon Springs, FL 34688

Dear Administrator:

This letter reports findings of a change of ownership (CHOW) state licensure survey that was conducted on October 20, 2015, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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