

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/18/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966055	(X3) DATE SURVEY COMPLETED 04/04/2016
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 Complaint survey (CCR# 2016001191) was conducted on 4/4/16. The Allegro at East Lake, Assisted Living Facility, had no deficiencies at the time of this visit.		



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

April 18, 2016

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

RE: CCR #2016001191

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 4, 2016 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,

Patricia Reid Cauffman
Field Office Manager

PRC/clt

Enclosure: State (5000-3547) Form

8JK1

