

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967961	(X3) DATE SURVEY COMPLETED 03/16/2017
NAME OF PROVIDER OR SUPPLIER ALLEGRO	STREET ADDRESS, CITY, STATE, ZIP CODE 800 WEST AZEELE STREET TAMPA, FL 33606	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An unannounced change of ownership (CHOW) licensure survey was conducted on 3/16/17. (CHOW Provisional License issued for the period 11/18/16 to 5/31/17). The Allegro, Assisted Living Facility (License #11942), had no deficiencies at the time of this visit.		