

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968333	(X3) DATE SURVEY COMPLETED R 03/29/2017
NAME OF PROVIDER OR SUPPLIER ALLEGRO AT ABACOA, (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 1031 COMMUNITY DRIVE JUPITER, FL 33458	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Relicensure desk review survey was conducted on March 29, 2017 at The Allegro At Abacoa (License #12270). The facility had no deficiencies identified at the time of the survey.