STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966055	R **06/12/2017**
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

A Desk Review was conducted on 06/12/17. The deficient practice identified during the Biennial Survey on 05/02/17 was corrected during the review.

Lic # 10331