

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968814	(X3) DATE SURVEY COMPLETED 08/11/2017
NAME OF PROVIDER OR SUPPLIER THE ALLEGRO AT BOYNTON BEACH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11450 HAGEN RANCH ROAD BOYNTON BEACH, FL 33437	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced relicensure survey was conducted on 8/11/17 at The Allegro at Boynton Beach. The facility had no deficiencies identified at the time of the survey. This survey was conducted in conjunction with the licensure complaint (CCR #2017004453) on the same date. See separate report for findings.		