STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966027	**06/28/2018**
NAME OF PROVIDER OR SUPPLIER **ALLEGRO**	STREET ADDRESS, CITY, STATE, ZIP CODE **3651 HIGHWAY 17** **ORANGE PARK, FL 32003**	

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

0000 - Initial Comments

An unannounced biennial relicensure survey was conducted at SHP IV Fleming Island on 6/28/2018. Deficient practice was not identified at the time of the survey.