STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967230	**08/30/2018**
NAME OF PROVIDER OR SUPPLIER **ALLEGRO**	STREET ADDRESS, CITY, STATE, ZIP CODE **1101 PLANTATION ISLAND DRIVE** **SAINT AUGUSTINE, FL 32080**	

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

0000 - Initial Comments

On August 30, 2018 an unnannounced biennial re-licensure survey was conducted at Allegro (License #11297). Deficient Practice was not identified during the survey