STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966055	**09/27/2018**
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

An initial Limited Nursing Services (LNS) monitoring survey was conducted in conjunction with a complaint survey on .
9/27/18.

The Allegro at East Lake, Llc (the), Assisted Living Facility /License #10331, had no deficiencies at the time of this visit.