

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966055	(X3) DATE SURVEY COMPLETED 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 A Complaint investigation (CCR#20181012298) was conducted at Allegro At East Lake Llc (the) on 9/27/18. Allegro At East Lake Llc (the) had no deficiencies at the time of the investigation. License (#10331)		