

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967961	(X3) DATE SURVEY COMPLETED 11/06/2018
NAME OF PROVIDER OR SUPPLIER ALLEGRO	STREET ADDRESS, CITY, STATE, ZIP CODE 800 WEST AZEELE STREET TAMPA, FL 33606	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On November 6, 2018 a biennial survey was conducted at Allegro. At the time of the survey, the facility had no deficiencies. (License #11942)		