STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965421	**11/16/2018**
NAME OF PROVIDER OR SUPPLIER **ALLEGRO**	STREET ADDRESS, CITY, STATE, ZIP CODE **4501 SHANNON LAKES DRIVE WEST** **TALLAHASSEE, FL 32308**	

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

0000 - Initial Comments

An unannounced complaint survey for allegations contained within CCR# 2018013607 was conducted at Allegro Assisted Living Facility, in Tallahassee FL on 11/16/18. At the time of the survey, no deficient practice was identified.