

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/25/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966027	(X3) DATE SURVEY COMPLETED 01/08/2019
NAME OF PROVIDER OR SUPPLIER ALLEGRO	STREET ADDRESS, CITY, STATE, ZIP CODE 3651 HIGHWAY 17 ORANGE PARK, FL 32003	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A complaint investigation (CCR#2018015029) and emergency power plan monitoring survey was conducted at Allegro Fleming Island (License #10313) on 1/08/2019. Allegro Fleming Island had no deficiencies at the time of the investigation.		