STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966027	**04/09/2019**
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

An Extended Congregate Care monitoring survey was conducted at Allegro Assisted Living Facility on . . . . . No deficiencies were identified at the time of the survey.