

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964318	(X3) DATE SURVEY COMPLETED 03/07/2016
NAME OF PROVIDER OR SUPPLIER SOLARIS SENIOR LIVING STUART	STREET ADDRESS, CITY, STATE, ZIP CODE 860 S.E. CENTRAL PARKWAY STUART, FL 34994	

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

0000 Initial Comments

A Limited Nursing Services Monitoring survey was conducted on 03/07/16 at Solaris Senior Living Stuart. The facility had no deficiencies identified at the time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

April 1, 2016

Administrator
Solaris Senior Living Stuart
860 S.E. Central Parkway
Stuart, FL 34994

RE: Limited Nursing Service Monitoring Survey

Dear Administrator:

This letter reports findings of a Monitoring survey that was conducted on March 7, 2016 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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