

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964318	(X3) DATE SURVEY COMPLETED 12/14/2016
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

An unannounced Re-licensure survey for Limited Nursing Services Monitoring was conducted on 12/14/16 at Solaris Senior Living Stuart, an Assisted Living Facility, in Stuart, Florida. The facility had no deficiencies identified at the time of the survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 28, 2016

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

Re: Limited Nursing Services Monitoring Visit

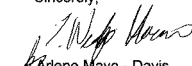
Dear Administrator:

This letter reports findings of a State Licensure Survey that was conducted on December 14, 2016 by a representative from 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/jw

1GGN

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