

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968631	(X3) DATE SURVEY COMPLETED 02/23/2017
NAME OF PROVIDER OR SUPPLIER STUART LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1301 SE PALM BEACH ROAD STUART, FL 34994	

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

0000 - Initial Comments

An unannounced Capacity Increase survey from 110 beds to 126 beds was conducted on 02/23/2017 at Stuart Lodge (license # 12515). The facility had no deficiencies identified at the time of the visit.