STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966721	R **05/03/2017**
NAME OF PROVIDER OR SUPPLIER **STILLWATER ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **2881 QUENTIN AVENUE SE** **PALM BAY, FL 32909**	

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

0000 - Initial Comments

A revisit to a monitoring visit was conducted on 5/3/17. Stillwater ALF Corp. (Assisted Living Facility) license# 10861 had no deficiencies at the time of the visit.