

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964318	(X3) DATE SURVEY COMPLETED 09/27/2017
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 licensure complaint survey, CCR#2017006644 , was conducted on September 27, 2017 at Solaris Senior Living Stuart, License #8693. The facility had no deficiencies at the time of the investigation.