STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964318	**12/20/2017**
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#2017011329, was conducted on 12/19/17-12/20/17 at Solaris Senior Living Stuart, License # 8963. The facility had no deficiencies related to the complaint allegations at the time of the investigation.