STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964318	R **02/07/2018**
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

A Relicensure survey revisit was conducted as a desk review on 02/07/2018 for Solaris Senior Living Stuart, License #8963. The facility corrected all outstanding deficincies.