

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932598	(X3) DATE SURVEY COMPLETED R 03/15/2018
NAME OF PROVIDER OR SUPPLIER RESIDENCE OF STUART, INC. (THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1048 N. FORK ROAD STUART, FL 34994	

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

0000 - Initial Comments

A relicensure revisit survey was conducted by desk review on 03/15/2018 for Residence of Stuart, License#8163. All outstanding deficiencies were corrected.