

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968631	(X3) DATE SURVEY COMPLETED 04/27/2018
NAME OF PROVIDER OR SUPPLIER STUART LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1301 SE PALM BEACH ROAD STUART, FL 34994	

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

0000 - Initial Comments

AMENDED

An unannounced relicensure survey was conducted on April 26th, and April 27th, 2018 at Stuart Lodge, License #12515. The facility had no deficiencies at the time of the visit.

Note: The Extended Congregate Care (ECC) and Limited Nursing Services (LNS) portion of this survey was conducted on a separate date.