STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968631	R **07/10/2018**
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

A Revisit to the Limited Nursing Services (LNS) and Extended Congregate Care (ECC) surveys was conducted as a desk review on July 10, 2018 for Stuar Lodge, License #12515 . A previously cited deficiency was found corrected.