STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964318	R **07/24/2018**
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 revisit to the licensure complaint survey, CCR#2018004278, was conducted by desk review on 07/24/18 for Solaris Senior Living Stuart, License #8963. The facility corrected the outstanding deficiency at the time of the survey.