STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964031	**07/25/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE STUART**	STREET ADDRESS, CITY, STATE, ZIP CODE **3401 SE ASTER LANE** **STUART, FL 34994**	

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

0000 - Initial Comments

An unannounced Limited Nursing Services Monitoring survey was conducted on 07/25/2018 at Brookdale Stuart, License # 8775. The facility had no deficiencies identified at the time of the survey.