

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/20/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968631	(X3) DATE SURVEY COMPLETED 08/15/2018
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

An unannounced licensure complaint survey, CCR #2018007364, was conducted on 08/15/2018 at Stuart Lodge, License #12515. The facility had no deficiencies at the time of the visit.