STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964031	R **09/11/2018**
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 Relicensure revisit survey was conducted by desk review on 09/ 11/2018 for Brookdale Stuart, License #8773. The facility corrected all outstanding deficiencies.