| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969442** | **10/05/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**YOURLIFE OF STUART** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**500 SE INDIAN ST**<br>**STUART, FL 34997** | |

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

**0000 - Initial Comments**

An announced Initial Licensure survey for an Assisted Living Facility (100 beds), with Extended Congregate Care (ECC), was conducted on October 5, 2018 at Yourlife Of Stuart. The facility had no deficiencies at the time of the visit.