STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969496	**03/13/2019**
NAME OF PROVIDER OR SUPPLIER **INSPIRED LIVING AT STUART**	STREET ADDRESS, CITY, STATE, ZIP CODE **2625 SE COVE RD** **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 (135 beds) with Limited Nursing Services (LNS) was conducted on 03/13/19 at Inspired Living At Stuart. The facility had no deficiencies at the time of the visit.