STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968631	R **05/23/2019**
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

A revisit to the Extended Congregate Care (ECC) and Limited Nursing Services (LNS) Monitoring survey was conducted by desk review on 05/23/2019 for Stuart Lodge. The previously cited deficiency was found corrected at the time of the survey.