STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969442	**05/21/2019**
NAME OF PROVIDER OR SUPPLIER **YOURLIFE OF STUART**	STREET ADDRESS, CITY, STATE, ZIP CODE **500 SE INDIAN ST** **STUART, FL 34997**	

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

0000 - Initial Comments

An Extended Care Congregate Monitoring survey was conducted at Your Life of Stuart on 5/21/19 . The facility had no deficiencies at the time of the survey.