STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966721	R **06/12/2019**
NAME OF PROVIDER OR SUPPLIER **STILLWATER ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **2881 QUENTIN AVENUE SE** **PALM BAY, FL 32909**	

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

0000 - Initial Comments

Desk review for a generator monitoring visit was conducted on 6/12/19. Stillwater ALF Corp Assisted Living Facility, License #10861 deficieincy was corrected