STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964891	**04/25/2014**
NAME OF PROVIDER OR SUPPLIER **Neurorestorative Florida (whitney Acres)**	STREET ADDRESS, CITY, STATE, ZIP CODE **2769 Whitney Road Clearwater, FL 33760**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An initial extended congregate care (ECC) licensure survey was conducted on 4/25/14.

The Neurorestorative Florida (Whitney Acres), assisted living facility, had no deficiencies at the time of the visit.

A recommendation to add an ECC speciality license is being made at this time.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 2, 2014

Administrator
Neurorestorative Florida (Whitney Acres)
2769 Whitney Road
Clearwater, FL 33760

Dear Administrator:

This letter reports the findings of an initial extended congregate care (ECC) licensure survey conducted on April 25, 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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