STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964891	R **05/23/2017**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A Desk Review was conducted on 05/23/17. The deficient practice previously identified during the complaint survey CCR#2017000793 was corrected during the review.

Lic # 9425