

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965701	(X3) DATE SURVEY COMPLETED R 06/13/2017
NAME OF PROVIDER OR SUPPLIER NEURORESTORATIVE FLORIDA (WHITNEY OAKS)	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 06/13/17. The deficient practice previously identified during the Biennial Survey on 05/16/17 was corrected during the review. Lic # 10063		