

|                                                                                                        |                                                                                                |                                                     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | {X1} PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11964891</b>                      | {X3} DATE SURVEY COMPLETED<br><br><b>03/12/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Neurorestorative Florida (Whitney Acres)</b>                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>2769 Whitney Road<br/>Clearwater, FL 33760</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                |                                                     |

**List of Tags Cited:**

St - A - 0000 - - Initial Comments

**Specific Tag Findings:**

0000-Initial Comments

Assisted Living Facility

An Extended Congregate Care (ECC) survey was conducted on 3/12/15.

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



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

March 16, 2015

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

Dear Administrator:

This letter reports findings of an Extended Congregate Care (ECC) survey that was conducted on March 12, 2015 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 Cauffman  
Field Office Manager

PRC/src  
Enclosure: State (5000-3547) Form

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