

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 06/09/2015  
FORM APPROVED

|                                                                                         |                                                                                            |                                                     |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                               | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11964891</b>                  | (X3) DATE SURVEY COMPLETED<br><br><b>05/28/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEURORESTORATIVE<br/>FLORIDA (WHITNEY ACRES)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2769 WHITNEY ROAD<br/>CLEARWATER, FL 33760</b> |                                                     |

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

**0000 - Initial Comments**

**ASSISTED LIVING FACILITY**

A Biennial with Extended Congregate Care (ECC) survey was conducted on

The Neurorestorative Florida (Whitney Acres) Assisted Living Facility had deficiencies at the time of the visit.

**0078 - Staffing Standards - Staff - 58A-5.019(2) FAC**

Based on record review and interviews, the facility failed to ensure that 2 of 5 staff who have been employed longer than 30 days were free from signs and symptoms of communicable

**Findings include:**

During review of facility personnel files, it was determined that Staff A and Staff B's files, (the Administrators) did not contain evidence of freedom from communicable . There was no evidence in the file of a statement from a health care provider documenting that either Staff A or Staff B had been examined for freedom from communicable . In addition, there was no evidence of a negative examination on an annual basis.

Staff A, hired , was interviewed at approximately 5:15 P.M. was interviewed and confirmed that she was overdue for being examined for an annual negative certification.

Staff B, hired , was interviewed at approximately 5:15 P.M. on and stated that he had been examined at some time but confirmed that the evidence could not be found.

**CLASS III**

**0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC**

Based on observation, a review of the current menus in use by the facility, and interviews, the facility failed to ensure all regular and therapeutic menus used by the facility were reviewed annually by a qualified person as defined below.

**Findings Include:**

During a review of the facility's current menus provided by Staff B on , it was noted that the three week cycle menus provided by Staff B were last signed and dated by a Registered Dietician on

During an interview with Staff B on at 2:45 P.M., the menus were reviewed with the surveyor and Staff B confirmed that they were last reviewed and approved on . He also stated that these are the menus currently

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 06/09/2015  
FORM APPROVED

|                                                                                                         |                                                                                            |                                                     |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                               | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11964891</b>                  | (X3) DATE SURVEY COMPLETED<br><br><b>05/28/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEURORESTORATIVE<br/>FLORIDA (WHITNEY ACRES)</b>                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2769 WHITNEY ROAD<br/>CLEARWATER, FL 33760</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION) |                                                                                            |                                                     |

**0093** Continued From page 1

being used by the facility. Staff B stated that the facility is in the process of making changes related to their menus and that they are communicating with a Licensed Dietician regarding approval of these menus.  
Class III



RICK SCOTT  
GOVERNOR

ELIZABETH DUKE  
SECRETARY

....., 2015

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

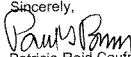
Dear Administrator:

This letter reports the findings of a biennial state licensure survey with extended congregate care (ECC) that was conducted on ....., 2015 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your 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,  
  
FO/ Patricia Reid Cauffman  
Field Office Manager

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

St. Petersburg Field Office  
525 Mirror Lake Drive North, Suite 410 A  
St. Petersburg, FL 33701  
Phone: (727) 552-2000; Fax: (727) 552-1162  
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida  
Youtube.com/AHCAFlorida  
Twitter.com/AHCA\_FL  
SlideShare.net/AHCAFlorida