AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966540	12/22/2015
NAME OF PROVIDER OR SUPPLIER **NEURORESTORATIVE FLORIDA (COUNTRYSIDE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **2769 WHITNEY RD CLEARWATER, FL 33760**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

An Extended Congregate Care (ECC) monitoring visit was conducted on 12/22/15. The Neurorestorative Florida (Countryside) assisted living facility had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 29, 2015

Administrator
Neurorestorative Florida (Countryside)
2769 Whitney Rd
Clearwater, FL 33760

Dear Administrator:

This letter reports findings of a extended congregate care (ECC) survey that was conducted on December 22, 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 Caufman
Field Office Manager

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

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