

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/14/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968996	(X3) DATE SURVEY COMPLETED 04/06/2016
NAME OF PROVIDER OR SUPPLIER NEURORESTORATIVE FLORIDA	STREET ADDRESS, CITY, STATE, ZIP CODE 325 BRADEN AVE SARASOTA, FL 34243	

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

0000 Initial Comments

Assisted Living Facility

A survey for Initial Licensure with Extended Congregate Care (ECC) services was conducted on 4/6/16.

The NeuroRestorative Florida - Bay West, Assisted Living Facility, had no deficiencies at the time of this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 14, 2016

Administrator
Neurorestorative Florida
325 Braden Ave
Sarasota, FL 34243

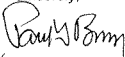
Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on April 6, 2016 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/clt
Enclosure: State (5000-3547) Form,

341J

