STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968997	**11/10/2016**
NAME OF PROVIDER OR SUPPLIER **NEURORESTORATIVE FLORIDA**	STREET ADDRESS, CITY, STATE, ZIP CODE **321 BRADEN AVE** **SARASOTA, FL 34243**	

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

0000 Initial Comments

Assisted Living Facility

0000 Initial Comments

NeuroRestorative Florida - Bay East, 325 Braden Ave., Sarasota, FL 34243, License #12822 ALF
An unannounced extended congregate care (ECC) Monitoring Survey was conducted on 11/10/2016.
NeuroRestorative Florida - Bay East Assisted Living Facility , had no deficiencies at the time of this visit.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 22, 2016

Administrator
Neurorestorative Florida-Bay East
321 Braden Ave
Sarasota, FL 34243

Dear Administrator:

This letter reports findings of a extended congregate care (ECC) state licensure monitoring survey that was conducted on November 10, 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 Caufman
Field Office Manager

PRC/clt
Enclosure

1GGN

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