

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968997	(X3) DATE SURVEY COMPLETED 05/03/2017
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 An extended congregate care (ECC) monitoring visit was conducted on 5/03/17 at Neurorestorative Florida- Bay West. The Neurorestorative Florida-Bay West had no deficiency identified at the time of the visit. License #12823		