STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968996	**05/03/2017**
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)

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Assisted Living Facility

Based on interview and record review the facility failed to maintain the employee roster on the background screening clearing house on the agency website with all current employees of the NeuroRestorative Florida - Bay East Assisted Living Facility (LICENSE#12822).
Findings include:
On a record review conducted reveiled an absence of all staff name on the ahca background screening clearing house roster. An interview with the administrator conducted at 3:30pm on , she acknowledge the omission, and stated that she is new to the position and that she will work on getting the staff names posted as soon as possible.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968996	**05/03/2017**
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

An extended congregate care (ECC)monitoring survey was conducted on at the NeuroRestorative Florida - Bay East. The NeuroRestorative Florida-Bay East had deficiencies found at the time of the visit. License # 12822