STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966540	**05/17/2017**
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 unannounced, abbreviated biennial relicensure survey with extended congregate care (ECC) was conducted on .

The Neurorestorative Florida (Countryside), Assisted Living Facility, License # 10735, had a deficiency at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on records review and interview, the facility failed to ensure that staff had a negative examination on an annual basis for 1 of 5 employees reviewed.

Findings included:

On at 10:00am, a review of Administrator #2's records were revealed that the most recent screening found in the record was dated . A new screening would have been due on . At 1:30pm on , in an interview, Administrator #2 stated that there was no more recent screening than the one dated and Administrator #2 knew that a new one was needed as soon as possible, and that it would get taken care of.

Class III