

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965701	(X3) DATE SURVEY COMPLETED 05/16/2017
NAME OF PROVIDER OR SUPPLIER NEURORESTORATIVE FLORIDA (WHITNEY OAKS)	STREET ADDRESS, CITY, STATE, ZIP CODE 2769 WHITNEY ROAD 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 was conducted on The Neurorestorative Florida (Whitney Oaks), Assisted Living Facility, (License # 10063), 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		