STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968996	R **06/20/2017**
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

A Desk Review was conducted on 06/20/17. The deficient practice identified during the ECC Monitoring visit was corrected during the review.

Lic # 12822