

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968997	(X3) DATE SURVEY COMPLETED 12/07/2017
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 unannounced Extended Congregate Care (ECC) monitoring visit was conducted on 12/07/17 at Neuro Restorative Florida-Bay West, an Assisted Living Facility, in Sarasota, FL. No deficiencies were identified at the time of the visit. (License # 12823)		