STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968996	**12/07/2017**
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 unannounced Extended Congregate Care (ECC) monitoring visit was conducted on 12/07/17, at NeuroRestorative Florida-Bay East, Assisted Living Facility. No deficiencies were identified at the time of the visit.

(License # 12822)