STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966540	**05/09/2018**
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 Extended Congregate Care (ECC) Monitoring survey was conducted on 5/9/18

The Neurorestorative Florida (countryside), Assisted Living Facility /License #10735, had no deficiencies at the time of this visit.