STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968997	R **05/16/2018**
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

A desk review was conducted on 5/16/18 to the biennial state relicensure survey with extended congregate care (ECC) of 3/29/18. At the time of the desk review at Neurorestorative Florida, Assisted Living Facility, it was determined that the previously cited deficiencies had been corrected.

(License # 12823)