STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964891	**05/09/2018**
NAME OF PROVIDER OR SUPPLIER **NEURORESTORATIVE FLORIDA (WHITNEY ACRES)**	STREET ADDRESS, CITY, STATE, ZIP CODE **2769 WHITNEY ROAD** **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 (whitney Acres), Assisted Living Facility /License #9425, had no deficiencies at the time of this visit.