STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965701	R **08/20/2018**
NAME OF PROVIDER OR SUPPLIER **NEURORESTORATIVE FLORIDA (WHITNEY OAKS)**	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

A follow-up to a 7/2/18 complaint survey (CCR #2018006119) was conducted on 8/20/2018 for Neurorestorative Florida - Whitney Oaks (license #10063). The previously cited deficient practice was found corrected via desk review.