STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965964	R **08/20/2018**
NAME OF PROVIDER OR SUPPLIER **NEURORESTORATIVE FLORIDA (WHITNEY PINES)**	STREET ADDRESS, CITY, STATE, ZIP CODE **2785 WHITNEY ROAD** **CLEARWATER, FL 33760**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A follow-up was conducted to a 07/02/2018 complaint survey (CCR #2018006116) on 08/20/2018. The previously cited deficient practice was found corrected via desk review.
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