

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964891	(X3) DATE SURVEY COMPLETED R 08/24/2018
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 On August 24, 2018 a Revisit to 7/2/18 Complaint CCR#2018006117 survey was conducted at Neurorestorative Florida (Whitney Acres.) No deficiencies were identified at the time of the visit. (license# 9425)		