STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968997	**01/23/2019**
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 complaint survey (CCR#2018016553) was conducted at Neurorestorative Florida--Bay West Assisted Living Facility on 1/23/19. Deficient practice was not identified during the survey.

(License# 12823)