

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11967240

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
6/25/2012

Name of Facility

Street Address, City, State, Zip Code

TORIA'S ASSISTED LIVING FACILITY II

613 FOREST HILLS
BRANDON, FL 33510

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0052	Correction Completed 06/25/2012	ID Prefix A0054	Correction Completed 06/25/2012	ID Prefix A0078	Correction Completed 06/25/2012
Reg. # 58A-5.0185(3) FAC LSC		Reg. # 58A-5.0185(5) FAC LSC		Reg. # 58A-5.019(2) FAC LSC	
ID Prefix A0090	Correction Completed 06/25/2012	ID Prefix A0093	Correction Completed 06/25/2012	ID Prefix AE201	Correction Completed 06/25/2012
Reg. # 58A-5.0191(11) FAC LSC		Reg. # 58A-5.020(2) FAC LSC		Reg. # 58A-5.030(2) FAC LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By

Reviewed By

Date:
7/2/12
Date:

Signature of Surveyor:

Signature of Surveyor:

Date:

Date:

Followup to Survey Completed on:
4/24/2012

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 3, 2012

Administrator
Toria's Assisted Living Facility II
613 Forest Hills
Brandon, FL 33510

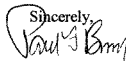
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 25, 2012, by a representative of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,


Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: Revisit Report

