

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11967240	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 4/22/2013
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Name of Facility

TORIA'S ASSISTED LIVING FACILITY II

Street Address, City, State, Zip Code

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 A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 04/22/2013	ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC	Correction Completed 04/22/2013	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 04/22/2013
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By

State Agency

Reviewed By

CMS RO

Reviewed By

Reviewed By

Date:

Date:

Signature of Surveyor:

Signature of Surveyor:

Date:

Date:

Followup to Survey Completed on:

3/12/2013

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

May 6, 2013

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

Dear Administrator:

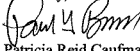
This letter reports the findings of a state licensure survey revisit and an extended congregate care (ECC) monitoring visit was conducted on April 22, 2013, by a representative of this office.

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, and the State (3020) Form, which indicates no deficiencies were found at the time of the visit.

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,


For Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: Revisit Report & State Form 3020

