

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967240	(X3) DATE SURVEY COMPLETED 07/03/2014
NAME OF PROVIDER OR SUPPLIER Toria's Assisted Living Facility II	STREET ADDRESS, CITY, STATE, ZIP CODE 613 Forest Hills Brandon, FL 33510	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0010-Admissions - Continued Residency-07/03/2014
 0025-Resident Care - Supervision-07/03/2014
 0026-Resident Care - Social & Leisure Activities-07/03/2014
 0079-Staffing Standards - Levels-07/03/2014
 0084-Training - Assis Self-Admin Meds & Med Mgmt-07/03/2014
 0093-Food Service - Dietary Standards-07/03/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 7, 2014

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

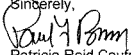
Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on July 3, 2014, by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the desk review.

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(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form (5000-3547)

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