STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967351	07/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Toria's Assisted Living Facility I	**2073 Balfour Circle Tampa, FL 33619**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An abbreviated biennial state licensure survey was conducted on .

The Toria's Assisted Living Facility I had a deficiency at the time of the visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based upon interview & record review the facility failed to ensure 1 (B) of 3 staff had the required training.

Findings include:

A review of the personnel record for staff B revealed the staff hired as a caregiver had no documentation on file of receiving training related to assisting residents with activities of daily living.

The manager during interview at 2:15p.m. said that she thought it was in the record but would have to make sure that the staff takes another training. She said it should have been on her certificate.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Toria's Assisted Living Facility I
2073 Balfour Circle
Tampa, FL 33619

Dear Administrator:

This letter reports the findings of an abbreviated biennial state licensure survey that was conducted on , 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency identified on your survey.

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 ufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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