

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967240	(X3) DATE SURVEY COMPLETED 11/24/2014
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:

0030-Resident Care - Rights & Facility Procedures-11/24/2014

0083-Training - First Aid And Cpr-11/24/2014



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

November 25, 2014

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 November 24, 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 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(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

for

PRC/clt
Enclosure

