AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967351	**06/17/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2015004688, was conducted on 6/09/15 & 6/17/15.

The Toria's Assisted Living Facility I had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 25, 2015

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

RE: CCR# 2015004688

Dear Administrator:

This letter reports the findings of a complaint survey conducted on June 9, 2015, and June 17, 2015, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Teresa Ryan RNC
for Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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