AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967240	**09/22/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility

An unannounced complaint survey, CCR# 2015009351, was conducted on 9/04/15 through 9/22/15.

Toria's Assisted Living Facility II, had no deficiencies at the time of visit

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 22, 2015

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

RE: CCR# 2015009351

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 22, 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 **Teresa Ryan**, RNC, at (727) 552-2000.

Sincerely,

Teresa Ryan RNC

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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