STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967351	**05/30/2017**
NAME OF PROVIDER OR SUPPLIER **TORIA'S ASSISTED LIVING FACILITY I**	STREET ADDRESS, CITY, STATE, ZIP CODE **2073 BALFOUR CIRCLE** **TAMPA, FL 33619**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

An unannounced complaint survey, (CCR# 2017002504), was conducted on 5/30/17.

The Toria's Assisted Living Facility I, Assisted Living Facility, (License # 11393), had no deficiencies at the time of the visit.