

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967240	(X3) DATE SURVEY COMPLETED 05/30/2017
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 A complaint survey, (CCR# 2017003531), was conducted on May 30, 2017 at Toria's ALF II. No deficiencies were identified during the visit. (license # 11326)		