STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967351	**08/03/2018**
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

On August 3, 2018, an abbreviated biennial re-licesnure survey was conducted at Toria's Assisted Living Facilidty I. Deficient practice was identified during the survey.

(License# 11393)

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to submit the county emergency management plan (CEMP) for review and approval to the local emergency management agency.

Findings included:

Record review on 8/3/18 of the county emergency management plan for the facility reveled the last date of an approved plan by the county was 2014.

The manager stated on 8/3/18 at 11:00 am that she could not find another approval letter for the county emergency management plan (CEMP).

Class III