

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967240	(X3) DATE SURVEY COMPLETED R 08/14/2018
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 2nd revisit to 4/24/18 and 6/20/18 biennial survey was conducted at Toria's Assisted Living Facility II on 8/14/2018. Toria's Assisted Living Facility II had no deficient practice identified at the time of the survey. License: 11326		