

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/15/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967351	(X3) DATE SURVEY COMPLETED R 09/24/2018
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 Assisted Living Facility A revisit was conducted on 9/24/18 for Toria's assisted Living Facility. The deficient practice previously cited on 8/3/18 was corrected during the revisit. Lic 11393		