

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11968475

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
6/19/2015

Name of Facility

TUSCANY HOUSE

Street Address, City, State, Zip Code

5806 INDIGO CROSSING DR
ROCKLEDGE, FL 32955

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0008 Reg. # 429.26(4-6) FS; 58A-5.0181 LSC	Correction Completed 06/19/2015	ID Prefix A0025 Reg. # 429.26(7) FS; 58A-5.0182(1) LSC	Correction Completed 06/19/2015	ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed 06/19/2015
ID Prefix A0079 Reg. # 58A-5.019(3) FAC LSC	Correction Completed 06/19/2015	ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed 06/19/2015	ID Prefix A0091 Reg. # 58A-5.0191(12) FAC LSC	Correction Completed 06/19/2015
ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed 06/19/2015	ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC	Correction Completed 06/19/2015	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By

Reviewed By

Date: 6/25/15

Signature of Surveyor:

Date:

State Agency

Reviewed By

Date:

Signature of Surveyor:

Date:

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Survey Completed on:

3/31/2015

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES

NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 25, 2015

Administrator
Tuscany House
5806 Indigo Crossing Dr
Rockledge, FL 32955

RE: Revisit to biennial

Dear Administrator:

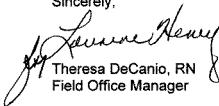
This letter reports the findings of a state licensure survey revisit conducted on June 19, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

DT9D

