STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968681	R **03/23/2017**
NAME OF PROVIDER OR SUPPLIER **TUSCANY VILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **8562 WINDER WAY** **MELBOURNE, FL 32940**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A revisit to the Change of Ownership with Limited Nursing Services was conducted on 3/23/2017. Tuscany Villa Assisted Living (License #12529) had no deficiencies at the time of the visit.