

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968475	(X3) DATE SURVEY COMPLETED R 06/21/2017
NAME OF PROVIDER OR SUPPLIER TUSCANY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 5806 INDIGO CROSSING DR ROCKLEDGE, FL 32955	

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

0000 - Initial Comments

A second revisit to the Change of Ownership (CHOW) with Limited Nursing Services (LNS) was conducted on 6/21/2017. Tuscany House Assisted Living License #12357 had no deficiencies at the time of the visit.