STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968475	**08/31/2017**
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 Limited Nursing Service (LNS) monitoring visit was conducted on August 31, 2017. Tuscany House, license #12357, had no deficiencies at the time of the visit.