STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968681	**09/01/2017**
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 Limited Nursing Service (LNS) monitoring visit was conducted on and . Tuscany Villa, license #12529, had a deficiency at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on personnel record reviews and interview, the facility failed to ensure that 1 of 2 sampled staff (B) provided a written statement from a health care provider that indicated freedom from communicable . within 30 days after beginning employment.

Findings:

Review of the personnel record for staff B revealed a hire date of . The record did not contain a written statement from a health care provider that indicated staff B was free from communicable .

On at 2:30 pm, the administrator said staff B had a statement from a health care provider and confirmed the statement was not in the personnel record.

An opportunity was provided to the administrator to email the missing documentation to the agency representative by .

Review of an email that was received from the administrator on revealed that it contained an attachment of lab results for staff B that did not meet the requirement of a written statement from a health care provider.

During a phone interview with the administrator on at 11:00 am, she said staff B did not have a statement from a health care provider, as required.

Class III