STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968681	R **10/17/2017**
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 Limited Nursing Service (LNS) monitoring visit was conducted on 10/17/17. Tuscany Villa, license #12529, had no deficiencies at the time of the visit.