

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969391	(X3) DATE SURVEY COMPLETED 06/21/2018
NAME OF PROVIDER OR SUPPLIER TUSCANY SHORES	STREET ADDRESS, CITY, STATE, ZIP CODE 451 WENTHROP CIR ROCKLEDGE, FL 32955	

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

0000 - Initial Comments

An initial licensure survey with Limited Nursing Service (LNS) was conducted on 6/19/18 and 6/21/18. Tuscany Shores did not have a deficiency at the time of the survey.