STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968681	**10/04/2018**
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

The re-licensure survey with Limited Nursing Services (LNS) was conducted on 10/04/2018. Tuscany Villa license # 12529 had no deficiencies found at the time of the visit.