STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968475	R **12/12/2018**
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

The revisit to the re-licensure survey was conducted on . . . . . Tuscany House Assisted Living with Limited Nursing Services (LNS) License #12357 had a deficiency that remained uncorrected at the time of the visit.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview, the facility failed to ensure an AHCA form 1823 Health Assessment form was complete for 1 of 1 sampled residents (#3) as required.

Findings:

Resident #3's record review revealed admitted into facility on . Page 5 of her most recent 1823 Health Assessment form, dated . . was not completed. (Photographic evidence obtained)

On . . . at 11:45 AM, an interview with the Administrator confirmed the finding.

Class III