

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968475	(X3) DATE SURVEY COMPLETED R 12/19/2018
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

12/19/18 desk review conducted to relicensure survey. Tuscany House, license # 12357, had no deficiencies at the time of the review.