STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968475	R **04/22/2019**
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

Desk review to the complaint investigation (complaint #2019001944 was conducted 4/22/19. Tuscany House Assisted Living Facility, deficiency were corrected at the time of the desk review