

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/26/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968475	(X3) DATE SURVEY COMPLETED R 08/13/2019
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

A revisit to the Limited Nursing Services monitoring visit was conducted at Tuscany House on 08/13/2019. There were no deficiencies found at the time of the visit.