STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963817	**12/03/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tuscany Villa Of Naples	**8901 Tamiami Trail Naples, FL 34113**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0162-Records - Resident-12/03/2013
N277-Lns - Resident Care Standards-12/03/2013
N278-Lns - Records-12/03/2013

An unannounced Limited Nursing Services (LNS) follow-up survey was conducted on 12/3/13 at Tuscany Villa an Assisted Living Facility (ALF) in Naples, FL. The facility's census was 112 with 23 residents receiving LNS.

All previous citations have been substantially improved or corrected.

No deficiencies were cited relevant to the survey during this visit.

0162-Records - Resident 58A-5.024(3) FAC

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

N278-LNS - Records 58A-5.031(3) FAC

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 16, 2013

Administrator
Tuscany Villa Of Naples
8901 Tamiami Trail
Naples, FL 34113

Dear Administrator:

This letter reports the findings of a Limited Nursing Service (LNS) survey revisit conducted on December 3, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372