

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/28/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11963817	(X3) DATE SURVEY COMPLETED 05/22/2014
NAME OF PROVIDER OR SUPPLIER Tuscany Villa Of Naples	STREET ADDRESS, CITY, STATE, ZIP CODE 8901 Tamiami Trail Naples, FL 34113	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-04/12/2014

An unannounced follow-up survey to the Biennial and Limited Nursing Service (LNS) was conducted on 5/22/14 at Tuscany Villa, an Assisted Living Facility (ALF) located in Naples.

There were no deficiencies identified related to this visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 28, 2014

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

Dear Administrator:

This letter reports the findings of a Biennial and Limited Nursing Service (LNS) survey revisit conducted on May 22, 2014 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

