STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963817	R **11/17/2015**
NAME OF PROVIDER OR SUPPLIER **TUSCANY VILLA OF NAPLES**	STREET ADDRESS, CITY, STATE, ZIP CODE **8901 TAMIAMI TRAIL EAST** **NAPLES, FL 34113**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced follow-up survey was conducted on 11/16/15 and 11/17/15 at Tuscany Villa of Naples, an assisted living facility in Naples, Florida. This was a follow-up to complaint survey CCR #2015010668 completed on 10/9/15.

The previous deficiencies were found corrected.

AH Form Approved
12/3/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11963817

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
11/17/2015

Name of Facility
TUSCANY VILLA OF NAPLES

Street Address, City, State, Zip Code
8901 TAMIAMI TRAIL EAST
NAPLES, FL 34113

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0025** Reg. # **429.26(7) FS: 58A-5.0182(1** LSC	**11/17/2015**	ID Prefix **A0165** Reg. # **429.23(1-4 & 6-10) FS: 58/** LSC	**11/17/2015**	ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By:** [signature]	**Date:** 12/3/2015	**Signature of Surveyor:** Robin Heimann, RNS	**Date:** 12-4-15
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:
10/9/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 4, 2015

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 17, 2015 by representative(s) 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(s). Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form and Revisit Report

DT9D

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