STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963817	**10/10/2017**
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 complaint survey for CCR# 2017009961 was conducted on 10/10/17 at Tuscany Villa of Naples, an assisted living facility (license #5522) located in Naples, Florida.

The complaint contained one allegation, which was substantiated without citation.

No deficiencies were found at the time of the visit.