STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963817	R **04/13/2018**
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

A follow-up by desk review was conducted on 4/13/18 for Tuscany Villa Of Naples, an assisted living facility (license #5522) in Naples, Florida.

The follow-up was in response to the complaint survey for CCR #2017015768 which was conducted on 2/19/18.

Based on the facility's supporting documentation the deficiency was corrected as of 4/13/18.