

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963817	(X3) DATE SURVEY COMPLETED 10/17/2018
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

An unannounced limited nursing services survey was conducted on 10/17/18 at Tuscany Villa of Naples, an assisted living facility (license #5522) in Naples, Florida.

No deficiencies were found at the time of the visit.