

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/19/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963817	(X3) DATE SURVEY COMPLETED R 04/16/2019
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 revisit survey was conducted on 4/16/19 at Tuscany Villa Of Naples, an assisted living facility in Naples, Florida. This was a follow-up to a complaint survey #2018016969 completed on 2/13/19. The previous deficiencies were found corrected and no new deficiencies were identified.		