STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967572	**10/14/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Touch Of Klass Alf	**560 Sw 60th Avenue Plantation, FL 33317**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0010-Admissions - Continued Residency-10/14/2013
0056-Medication - Labeling And Orders-10/14/2013
0079-Staffing Standards - Levels-10/14/2013
Z815-Background Screening; Prohibited Offenses-10/14/2013

0000-Initial Comments

On 10/00/2013 unannounced revisit survey for biennial relicensure from 6/18/2013, was conducted at Touch of Klass Assisted Living Facility in Plantation Florida. No discernible deficiencies were identified as a result of this survey. The facility was in compliance at this time.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 23, 2013

Administrator
Touch Of Klass ALF
560 SW 60th Avenue
Plantation, FL 33317

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 14, 2013 by a representative from 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

DT9D

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