

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/04/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967855	(X3) DATE SURVEY COMPLETED 04/22/2015
NAME OF PROVIDER OR SUPPLIER A TOUCH OF CLASS ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 537 SW WHITMORE DRIVE PORT SAINT LUCIE, FL 34984	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Limited Nursing Services Monitoring survey was conducted at A Touch of Class Adult Care on 4/22/15. The facility had no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

May 04, 2015

Administrator
A Touch Of Class Adult Care
537 Sw Whitmore Drive
Port Saint Lucie, FL 34984

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on April 22, 2015 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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/sf
Enclosure

1GGN

