

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967855	(X3) DATE SURVEY COMPLETED 06/20/2016
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 Relicensure Survey was conducted at A Touch of Class Assisted Living Facility located in Port Saint Lucie on 6/20/16. The facility's license # AL11837. There were no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 22, 2016

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 June 20, 2016 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/dso
Enclosure: State 5000-3547

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