

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967739	(X3) DATE SURVEY COMPLETED R 05/16/2017
NAME OF PROVIDER OR SUPPLIER PERSONAL TOUCH ASSISTED LIVING FACILITY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 20 FIR TRAIL COURSE OCALA, FL 34472	

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

0000 - Initial Comments

A desk review was conducted on 5/17/2017 as follow-up to Limited Nursing Services (LNS) Monitoring Survey for Personal Touch ALF (facility license number 11730). The previously cited deficiency was cleared as a result of the desk review.