STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967855	**05/09/2017**
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

A Limited Nursing Services Monitoring survey was conducted on 5/9/17 at A Touch of Class, an Assisted Living Facility, in Port St. Lucie, Florida, License #11837. The facility had no deficiencies identified.