STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967855	R **07/11/2017**
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 revisit to the unannounced Complaint survey (CCR #2017001887) was conducted by desk review on 07/11/2017 for A Touch of Class Adult Care, FL License # 11837. The facility had no deficiencies at the time of the revisit.