STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968504	R **07/27/2017**
NAME OF PROVIDER OR SUPPLIER **A TOUCH OF CLASS #1 ADULT CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **658 NW AVENS STREET** **PORT SAINT LUCIE, FL 34984**	

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

0000 - Initial Comments

A revisit survey to the Limited Nursing Services monitoring survey was conducted on 7/27/17 at A Touch Of Class #1 Adult Care, license #12400. The facility had no deficiencies identified at the time of the visit.