

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967572	(X3) DATE SURVEY COMPLETED R 07/27/2017
NAME OF PROVIDER OR SUPPLIER TOUCH OF KLASS ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 560 SW 60TH AVENUE PLANTATION, FL 33317	

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

0000 - Initial Comments

A revisit survey to the relicensure survey was conducted on July 27, 2017 at Touch of Klass ALF, License #11583. The facility had no deficiencies at the time of the visit.