

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968504	(X3) DATE SURVEY COMPLETED 08/29/2017
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 An unannounced relicensure survey was conducted on 8/29/17 at A Touch of Class #1 Adult Care , license #12400. The facility had no deficiencies identified at the time of the survey.		