

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968911	(X3) DATE SURVEY COMPLETED R 05/04/2018
NAME OF PROVIDER OR SUPPLIER TOUCH OF CLASS ASSISTED LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4701 FAIRLEA DR VALRICO, FL 33596	

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

0000 - Initial Comments

Assisted Living Facility

A second revisit was conducted on 5/4/2018 at Touch of Class Assisted Living (Lic. #12787). The deficient practice previously cited on 1/18/2018 and then uncorrected on 3/7/2018 was corrected during the visit.