STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967572	R **04/19/2019**
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 to the Relicensure survey was conducted at Touch of Klass ALF on 04/19/2019. The previously cited deficiencies were found corrected at the time of the survey.