STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967855	R **08/07/2018**
NAME OF PROVIDER OR SUPPLIER **A TOUCH OF CLASS ADULT CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **537 SW WHITMORE DRIVE** **PORT SAINT LUCIE, FL 34984**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted on 08/07/2018 at A Touch Of Class Adult Care, License #11837. Previously cited deficiencies were found corrected.