STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969240	**07/28/2017**
NAME OF PROVIDER OR SUPPLIER **EVERLASTING FAMILY HOME CARE SERVICES II LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **197 PONCE DE LEON ST** **ROYAL PALM BEACH, FL 33411**	

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

0000 - Initial Comments

An initial Assisted Living Facility licensure survey, for a capacity of 6, was conducted on 07/28/2017 at Everlasting Family Home Care Services II LLC. The facility had no deficiencies found at the time of the visit.