STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969063	R **11/07/2017**
NAME OF PROVIDER OR SUPPLIER **EVERLASTING FAMILY HOME CARE SERVICES LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2722 OKLAHOMA ST** **WEST PALM BEACH, FL 33406**	

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

0000 - Initial Comments

A desk review revisit to the complaint survey (CCR #2017004293) was conducted on 11/06/2017 and 11/07/2017 for Everlasting Family Home Care Services LLC (License #12890). The facility had no deficiencies at the time of the visit.