STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969240	**03/12/2018**
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 unannounced Initial Limited Nursing Services survey was conducted on 03/12/18 at Everlasting Family Home Care Services II LLC, license #013045 . There were no deficiencies identified during the survey.