STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968633	**04/10/2018**
NAME OF PROVIDER OR SUPPLIER **EVELYN'S PLACE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **4901 JEFFERSON STREET** **HOLLYWOOD, FL 33021**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on . . . at Evelyns Place Inc., License # 12519.
The facility had deficiencies at the time of the survey.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a safe living environment free of hazards and ensure that all existing structural systems are maintained in good working order.

The findings included:

During a tour of the facility with the Designee at approximately 9 AM, the following was observed.

1. Backyard wooden fence is broken down
2. Roof and Fascia boards have extensive damage on the back patio, roof have a huge hole outside.
3. Down cable line in backyard

During an exit conference with the Designee, aforementioned was acknowledged, no further information was provided.

Class III