STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969063	R **05/07/2018**
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 revisit to the Limited Mental Health and Limited Nursing Services Monitoring survey was conducted by desk review on 5/7/18 for Everlasting Family Home Care, License # 11960963. The previously cited deficiencies were found corrected.