STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968633	R **07/12/2018**
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

A Relicensure revisit survey was conducted by desk review on 07/12/18 for Evelyn's Place Inc., License # 12519. The facility corrected all outstanding deficiencies at the time of the survey.