STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966989	**07/25/2018**
NAME OF PROVIDER OR SUPPLIER **EVELYN'S PARADISE #1 LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11470 SW 80 TERRACE** **MIAMI, FL 33173**	

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

0000 - Initial Comments

A Limited Mental Health Expansion Survey was conducted on 07/25/18. Evelyn's Paradise #1 LLC with a standard license # 11087 had no deficiencies found at the time of the survey.