STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969063	R **09/19/2018**
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 Relicensure revisit survey was conducted on 09/11/18 and 09/19/18 at Everlasting Family Home Care Services LLC, license number 12980. The facility corrected all outstanding deficiencies at the time of the survey.

This survey was conducted in conjunction with a Generator Monitoring survey; deficient practice was not identified during the survey.