STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910026	R **10/18/2018**
NAME OF PROVIDER OR SUPPLIER **EVA'S HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2601 NORTH WOODROW AVENUE** **TAMPA, FL 33602**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit was conducted on 10/18/18 for Eva"s Home Care. The deficient practice previously cited on 8/6/18 was corrected during the revisit.

Licence #5691