STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968633	R **01/07/2019**
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 revisit to the complaint survey (CCR#2018009501) was conducted by desk review on 01/07/2019 for Evelyn's Place, Inc (Lic#12519). All outstanding deficiencies were corrected.