## AGENCY FOR HEALTH CARE ADMINISTRATION

| STATEMENT OF<br>DEFICIENCIES                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:                 | (X3) DATE SURVEY<br>COMPLETED |
|--|---|-------------------------------|
|  | AC13930016  | 02/14/2018                    |
| NAME OF PROVIDER OR SUPPLIER EVE OF KENDALL, INC | STREET ADDRESS, CITY, STATE, ZIP CODE<br>8603 S DIXIE HIGHWAY STE 102 |                               |
|  | MIAMI, FL 33143   |                               |
|  | <u> </u>  |                               |

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

## D000 - INITIAL COMMENTS

A Relicensure survey was conducted on February 14, 2018 at Eve of Kendall Inc. license #907.

Eve of Kendall Inc. had no deficiencies at the time of the visit.