

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 04/15/2016  
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13930016</b>	(X3) DATE SURVEY COMPLETED  R <b>04/15/2016</b>
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NAME OF PROVIDER OR SUPPLIER <b>EVE OF KENDALL, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8603 S DIXIE HIGHWAY STE 102 MIAMI, FL 33143</b>
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SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 INITIAL COMMENTS**

A follow-up desk review was conducted on April 15, 2016 to the Re-licensure survey, which was completed on March 24, 2016. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected.

### STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AC13930016	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/15/2016
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NAME OF FACILITY EVE OF KENDALL, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8603 S DIXIE HIGHWAY STE 102 MIAMI, FL 33143
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM	DATE	ITEM	DATE	ITEM	DATE
Y4	Y5	Y4	Y5	Y4	Y5
ID Prefix A0153	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 59A-9.0225(4), FAC	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	04/15/2016	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Kendall RKC</i>	DATE 4/15/16
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 3/24/2016	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO                 </span>
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RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

April 15, 2016

Administrator  
Eve Of Kendall, Inc  
8603 S Dixie Highway Suite 102  
Miami, FL 33143

Dear Administrator:

This letter reports the findings of a follow-up desk review that was conducted on April 15, 2016 to the Re-licensure survey, which was completed on March 24, 2016. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected.

Attached is the provider's copy of the Revisit Report.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call Faith Randolph, Registered Nurse Consultant at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis  
Field Office Manager, Area 11

Enclosure: Revisit Report

J5XD

