

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13930016</b>	(X3) DATE SURVEY COMPLETED  <b>04/24/2017</b>
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>	

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

**Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS**

Based on record review and interview, the provider failed to ensure that the appropriate personnel are listed on the background screening clearinghouse roster.

Findings include:

Record review revealed the administrator and the financial officer were not listed on the background screening clearinghouse roster.

On , 2017 at 11:49 AM, the administrator stated that she is also the financial officer and acknowledge not being listed on the clearing house roster.

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**0000 - INITIAL COMMENTS**

A Relicensure survey was conducted on , , 2017 at Eve of Kendall Inc. License # 907.

Eve of Kendall Inc. had licensure deficiency found at the time of the visit.