AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED R
	AC13930016	05/22/2017
NAME OF PROVIDER OR SUPPLIER EVE OF KENDALL, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8603 S DIXIE HIGHWAY STE 102	
	MIAMI, FL 33143	

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

0000 - INITIAL COMMENTS

A follow-up desk review was conducted on May 22, 2017 to the Re-licensure survey, which was completed on April 24, 2017. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected