

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13930016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/27/2014
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NAME OF PROVIDER OR SUPPLIER EVE OF KENDALL, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8603 S DIXIE HIGHWAY STE 102 MIAMI, FL 33143
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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{A 000}	<p>INITIAL COMMENTS</p> <p>A follow-up desk review was conducted on May 27, 2014 to the State Re-licensure survey, which was completed on April 29, 2014. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected.</p>	{A 000}		
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AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AC13930016	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 5/27/2014
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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).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>A0156</u>	Correction Completed <u>05/27/2014</u>	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	

Reviewed By _____	Reviewed By <i>[Signature]</i>	Date: <u>5/27/14</u>	Signature of Surveyor: <i>[Signature]</i>	Date: <u>5/27/14</u>
State Agency _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Follow up to Survey Completed on: <u>4/29/2014</u>	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 27, 2014

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 May 27, 2014 to the State Re-licensure survey, which was completed on April 29, 2014.

Attached is the provider's copy of the Revisit Report. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected.

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,

"For" 

Arlene Mayo-Davis
Field Office Manager, Area 11

Enclosure: Revisit Report

