

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910004	(X3) DATE SURVEY COMPLETED 02/15/2018
NAME OF PROVIDER OR SUPPLIER A EVE'S CLINIC & REFERRAL SERVICE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 3900 NORTHWEST 79TH AVENUE MIAMI, FL 33156	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<p>0000 - INITIAL COMMENTS</p> <p>A relicensure survey was conducted on February 15, 2018 at A Eve's Clinic and Referral Service Inc. License # 830.</p> <p>A Eve's Clinic and Referral Service Inc. had no deficiencies at the time of the visit</p>		