

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910004	(X3) DATE SURVEY COMPLETED 04/26/2017
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)

0000 - INITIAL COMMENTS

A relicensure survey was conducted on , , 2017 at A Eve's Clinic and Referral Service Inc. (License # 830)

A Eve's Clinic and Referral Service Inc. had licensure deficiency found at the time of the visit.

0250 - Clinic Policies/Procedures-2nd Trimester - 59A-9.024, FAC

Based on record review and interview, the provider failed to review and approved annually its written policies and procedures.

Findings include:

A review of the written polices and procedures revealed its last review and approval date is , , 2016.

On , , 2017 at 11:34 AM, the registered nurse reviewed the written polices and procedures and acknowledged that its last review and approval date is , , 2016.