

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910004	(X3) DATE SURVEY COMPLETED R 05/18/2017
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 follow-up desk review was conducted on May 18, 2017 to the Relicensure survey, which was completed on April 26, 2017. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected.