| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966989** | **07/25/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**EVELYN'S PARADISE #1 LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**11470 SW 80 TERRACE**<br>**MIAMI, FL 33173** | |

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

**0000 - Initial Comments**

A Change Of Ownership (CHOW) survey was conducted on 07/25/18. Evelyn's Paradise #1 LLC. with standard license #11087 had no deficiencies found at the time of the survey.