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

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

0000 - Initial Comments

A Standard Biennial revisit survey was conducted on 07/25/18. Evelyn's Paradise #1 LLC (license # 11087) had the previously cited deficiencies corrected at the time of the survey.