STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11967891 Y1	A. Building B. Wing Y2	1/4/2017 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRD'S EYE RESIDENCE, LLC	840 SW 50TH AVENUE MARGATE, FL 33068

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0010	Correction	ID Prefix A0026	Correction	ID Prefix A0027	Correction
Reg. # 429.26(1&9) FS; 58A-5.0181(4) FAC	Completed	Reg. # 58A-5.0182(2) FAC	Completed	Reg. # 58A-5.0182(3) FAC	Completed
LSC	01/04/2017	LSC	01/04/2017	LSC	01/04/2017
ID Prefix A0030	Correction	ID Prefix A0055	Correction	ID Prefix A0057	Correction
Reg. # 58A-5.0182(6) FAC; 429.28(1-2) FS	Completed	Reg. # 58A-5.0185(6) FAC	Completed	Reg. # 58A-5.0185(8) FAC	Completed
LSC	01/04/2017	LSC	01/04/2017	LSC	01/04/2017
ID Prefix A0079	Correction	ID Prefix A0081	Correction	ID Prefix A0090	Correction
Reg. # 58A-5.019(3) FAC	Completed	Reg. # 58A-5.0191(2) FAC	Completed	Reg. # 58A-5.0191(11) FAC	Completed
LSC	01/04/2017	LSC	01/04/2017	LSC	01/04/2017
ID Prefix A0152	Correction	ID Prefix A0181	Correction	ID Prefix	Correction
Reg. # 58A-5.023(3) FAC	Completed	Reg. # 58A-5.026(2) FAC	Completed	Reg. #	Completed
LSC	01/04/2017	LSC	01/04/2017	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) 1/9/17	DATE 1/9/17	SIGNATURE OF SURVEYOR	DATE 1/9/17
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
9/14/2016	☐ YES ☐ NO

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 10, 2017

Administrator
Bird's Eye Residence, LLC
840 SW 50th Avenue
Margate, FL 33068

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on December 20, 2016 and January 4, 2017 by a representative of this office.

The previously cited deficiencies were found corrected on the day of the revisit. The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso

DT9D

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