STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963994	R **03/09/2017**
NAME OF PROVIDER OR SUPPLIER **BIRD LAKES FACILITY CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14279 SW 52 STREET** **MIAMI, FL 33175**	

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

0000 - Initial Comments

An Abbreviated Standard Revisit Survey was conducted on 03/09/17. Bird Lakes Facility Care Inc. Assisted Living Facility, license # 8884, had no deficiencies found at the time of survey: