

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967457	(X3) DATE SURVEY COMPLETED R 11/20/2017
NAME OF PROVIDER OR SUPPLIER FLAMINGO CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1270 NE 174 STREET NORTH MIAMI BEACH, FL 33162	

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

0000 - Initial Comments

A resident status monitoring 2nd revisit survey was conducted on 11/08/2017 and concluded on 11/20/2017. Flamingo Care LLC with a Limited Mental Health (License# 11525) did not have deficiencies identified at time of the survey.