STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967891	R 10/01/2018
NAME OF PROVIDER OR SUPPLIER **BIRD'S EYE RESIDENCE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **840 SW 50TH AVENUE** **MARGATE, FL 33068**	

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

0000 - Initial Comments

A relicensure revisit survey was conducted at Birds Eye Residence (Lic#11882) on . All outstanding deficiencies were corrected. There were deficiencies at the time of the survey.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to submit a Comprehensive Emergency Management Plan (CEMP) to the local emergency management agency for review and approval.

The Findings Included:

On at approximately 10:00AM, the facility CEMP was requested. The facility's last approved CEMP was dated and expired , 2018, and the recommended submittal date was , 2018. During an interview with the Administrator at this time, she stated she had not submitted the CEMP for approval as of .

During an interview with the Administrator on at 12:45PM, she acknowledged the findings and stated she would be submitting the CEMP.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to develop and implement written policies and procedures to ensure the assisted living facility can effectively and immediately activate, operate, and maintain alternate power source and any fuel required for the operation of the alternate power source. The facility also failed to acquire and install a monitor within the facility.

The Findings Included:

On at 10:30AM, the facility's approved powered plan was reviewed and revealed the facility does not have written policy and procedures to ensure the assisted living facility can effectively and immediately activate, operate, and maintain alternate power source and any fuel required for the operation of the alternate power source, to ensure temperatures, and the care that will be provided to the residents occupying the facility. The observational tour revealed the facility does not have any monoxide monitors installed.

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

During an interview with the Administrator at approximately 12:45PM, the Administrator acknowledged the findings and provided no additional documentation for review.

Class III