STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963994	**12/03/2018**
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

A Standard Biennial Survey was conducted on November 20 and concluded on December 03, 2018.
Bird Lakes Facility Care Inc. had no deficiencies found at the time of the survey.