STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967891	R **01/16/2019**
NAME OF PROVIDER OR SUPPLIER **BIRD'S 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 2nd relicensure desk review revisit was conducted on & & & & for Birds Residence (Lic#11882). One outstanding deficiency was uncorrected.

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:

a) On at approximately 10:00AM, the facility CEMP was requested. The facility's last approved CEMP was dated 11/14/2017 and expired , and the recommended submittal date was . During an interview with the Administrator at this time, she stated she had not submitted the CEMP for approval as of .

b) On during a 2nd revisit, the facility CEMP was requested. The Administrator stated on at 5:50PM that she was told that her initial CEMP was not excepted and she had to resubmit the CEMP. The facility does not have a approved CEMP.

On at approximately 10:30AM, this surveyor spoke to a representative for the local emergency management agency who stated, she received the facility initial CEMP today .

On at approximately 09:34AM, received a voice message from the Administrator stating she submitted the CEMP today .

Class III
Uncorrected