

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 02/27/2019  
FORM APPROVED

|                                                                      |                                                                                                |                                                                     |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11967891</b>                    | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>02/25/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BIRD'S EYE RESIDENCE, LLC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>840 SW 50TH AVENUE</b><br><b>MARGATE, FL 33068</b> |                                                                     |

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

**0000 - Initial Comments**

An unannounced Relicensure third revisit survey was conducted by desk review on 02/25/2019 for Bird's Eye Residence, LLC, License #11882. The previously cited deficiency was found corrected at the time of the survey.