STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963994	**06/26/2017**
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 Change of Ownership (CHOW) Survey was conducted on 06/26/17. Bird Lakes Facility Care Inc. with a Standard license # 8884 had no deficiencies found at the time of the survey.