



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Gables Manor Independent Inc
1535 Venetia Avenue
Coral Gables, FL 33134

Dear Administrator:

This letter reports the findings of a standard biennial state licensure survey that was conducted on , 2017 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2017.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,


Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

XG90

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943019	(X3) DATE SURVEY COMPLETED 01/06/2017
NAME OF PROVIDER OR SUPPLIER GABLES MANOR INDEPENDENT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1535 VENETIA AVENUE CORAL GABLES, FL 33134	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 1/19/17. Gables Manor Independent Inc, license number 7926, had deficiencies found at time of the survey.

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, record review and interview, the facility failed to have proof of a satisfactory annual sanitation inspection.

Findings included:

Observation on 1/19/17 at 9:30 AM showed a sanitation inspection dated 1/19/17 posted in the bulletin board.

Interviewed on 1/19/17 at 1:00 PM, the Administrator confirmed that the sanitation inspection expired on 1/19/17.

Class III