STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965104	**01/19/2017**
NAME OF PROVIDER OR SUPPLIER **EAST GABLES RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **3590-92 SW 16 STREET** **MIAMI, FL 33145**	

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

0000 - Initial Comments

A Extended Congregate Care Monitoring Survey was conducted on January 19, 2017. East gables Retirement Center (License #9518) with Extended Congregate Care and Limited Mental Health components had no deficiencies identified at the time of the survey.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 26, 2017

Administrator
East Gables Retirement Center
3590-92 Sw 16 Street
Miami, FL 33145

Dear Administrator:

This letter reports findings of an Extended Congregate Care state licensure survey that was conducted on January 19, 2017 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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

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