

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964119	(X3) DATE SURVEY COMPLETED R 09/26/2017
NAME OF PROVIDER OR SUPPLIER GABLES ESTATES ALS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1881 SW 37TH AVENUE MIAMI, FL 33145	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A standard biennial second revisit survey was conducted on September 26th, 2017. Gables Estates Als Inc with license number 8941 did not have deficiencies identified at the time of the survey.		