STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965104	**02/08/2018**
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

An Extended Congregate Care (ECC) Monitoring Survey was conducted on February 8th, 2018. East Gables Retirement Center with ECC and Limited Mental Health components, license #9518 did not have deficiencies identified at the time of the survey.