STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943019	**10/08/2018**
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 and a Monitoring Survey (Generator) was conducted on 10/05/2018 & 10/08/2018. Gables Manor Independent Inc, license 7926, had no deficiencies at the time of the survey.