STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965104	**01/16/2019**
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 Standard Biennial Survey was conducted on January 16th, 2019 in conjunction with the Extended Congregate Care (ECC) Monitoring Survey. East Gables Retirement Center with ECC and Limited Mental Health components, did not have deficiencies identified at the time of the survey.