

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 03/04/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911921	(X3) DATE SURVEY COMPLETED 01/29/2019
NAME OF PROVIDER OR SUPPLIER GABRIELS' HOME ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 11232 SW 7TH ST MIAMI, FL 33174	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on January 29, 2019. Gabriels' Home ALF, Inc. had no deficiencies identified at the time of the survey.