STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964119	**02/18/2019**
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 Complaint (CCR#2019000619) Survey was conducted on February 6, 2019 to February 18, 2019. Gables Estates ALS, Inc. with a Standard License, had deficiencies identified under Event H8W411.