STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966371	**02/19/2019**
NAME OF PROVIDER OR SUPPLIER **GABLES MANOR ENTERPRISES II INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **670 EAST 57 STREET** **HIALEAH, FL 33013**	

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

0000 - Initial Comments

On February 19, 2019 a six months full monitoring survey was conducted at Gables Manor Enterprises II. No deficient practice was identified during the survey.