

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/15/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966371	(X3) DATE SURVEY COMPLETED R 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

A Standard Biennial Survey Third Revisit was conducted on February 19, 2019. Gables Manor Enterprises II, Inc. with a standard license had no deficiencies identified at the time of the survey: