

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/24/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966403	(X3) DATE SURVEY COMPLETED 05/13/2016
NAME OF PROVIDER OR SUPPLIER WATTS GUARDIAN CARE INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 7217 EUDINE DRIVE NORTH JACKSONVILLE, FL 32210	

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

0000 Initial Comments

On May 13, 2016 an unannounced complaint, (CCR #2016003480) survey was conducted at Watts Guardian Care Assisted Living. Deficient practice was not identified as a result of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

Administrator
Watts Guardian Care, Inc.
7217 Eudine Drive North
Jacksonville, FL 32210

RE: CCR #2016003480

Dear Administrator:

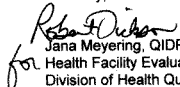
This letter reports the findings of a complaint survey completed on May 13, 2016 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions, please contact this office at (904) 798-4201.

Sincerely,


Jana Meyering, QIDP
for Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure

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