STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966403	R **03/20/2017**
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

All of the deficienices were found corrected at the time of the desk review.