STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966792	R **04/24/2017**
NAME OF PROVIDER OR SUPPLIER **GUARDIAN ELDER CARE SERVICES INC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **10930 S W 143 COURT** **CROSSINGS, FL 33186**	

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

0000 - Initial Comments

A standard biennial survey revisit was conducted on 04/24/2017. Guardian Elder Care Services Inc (the) with License # 10984 had no deficiencies identified at the time of the survey: