STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943002	R **07/26/2017**
NAME OF PROVIDER OR SUPPLIER **GUARDIAN HOME ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **431 E. AIRPORT BLVD.** **SANFORD, FL 32773**	

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

0000 - Initial Comments

7/26/17 desk review completed to Limited Nursing Services Monitoring. Guardian Home ALF, LLC. license #5629, had no deficiencies at the time of the review.