

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966403	(X3) DATE SURVEY COMPLETED 08/23/2017
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

On August 23, 2017 a capacity increase survey was conducted for Watts Guardian Care Assisted Living .
Deficient practice was not identified during the survey.