STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943002	R **11/20/2017**
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

Revisit was conducted in conjuction with Initial Limited Mental Health survey on 11/20/2017. Guardian Home ALF, License#5629, did not have deficiencies found at the time of the visit.