STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967154	**01/04/2018**
NAME OF PROVIDER OR SUPPLIER **GUARDIAN HOME HEALTH INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12452 BARROW STREET** **SPRING HILL, FL 34609**	

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

0000 - Initial Comments

On 01/04/2018 an unannounced abbreviated biennial licensure survey was conducted at Guardiian Home Health Assisted Living Facility (License #11287), Spring Hill, FL. No deficient practice was identified at the time of the survey.