STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966064	R **04/24/2018**
NAME OF PROVIDER OR SUPPLIER **GUARDIAN ELDER CARE SERVICES,**	STREET ADDRESS, CITY, STATE, ZIP CODE **8318 SW 162 PLACE** **MIAMI, FL 33193**	

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

0000 - Initial Comments

A complaint (CCR 2018004702) revisit survey was conducted on April 24th, 2018. Guardian Elder Care Services Inc (The), license # 10322, had deficiencies identified at the time of the survey and cited under wellness monitoring survey.