STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966403	R **11/26/2018**
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

A follow-up visit to a complaint survey (CCR#2018003478) was conducted at Watts Guardian Care (License #10622) on 11/26/2018. Watt Guardian Care had no deficiencies at the time of the visit.