

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/14/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910317	(X3) DATE SURVEY COMPLETED R 12/12/2018
NAME OF PROVIDER OR SUPPLIER GUARDIAN HOME II ALF LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 902 WEST CANAL STREET NEW SMYRNA BEACH, FL 32168	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments All of the deficiencies were found corrected at the time of the desk review.		