STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910317	**12/26/2018**
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

An unannounced complaint survey (CCR #2018015783) was conducted on 12/26/2018. Guardian Home II ALF had no licensure deficiencies at the time of the visit.