STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966403	R **06/12/2019**
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 desk review revisit to a biennial survey was conducted at Watts Guardian Care on June 12, 2019. Deficiencies were found to be corrected at the time of the survey.