

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/23/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910765	(X3) DATE SURVEY COMPLETED 06/18/2015
NAME OF PROVIDER OR SUPPLIER UNION HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1930 UNION STREET CLEARWATER, FL 33763	

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

0000 - Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on 6/18/15.

Union House, Assisted Living Facility, had no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

June 23, 2015

Administrator
Union House
1930 Union Street
Clearwater, FL 33763

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on June 18, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

Paul Brown
for Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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