AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911784	03/07/2016
NAME OF PROVIDER OR SUPPLIER **GLENDALE HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1706 NORTH HIGHLAND AVENUE** **CLEARWATER, FL 33755**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

An Abbreviated Biennial with Limited Nursing Services survey was conducted on 3/7/16. The Glendale House assisted living facility had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 23, 2016

Administrator
Glendale House
1706 North Highland Avenue
Clearwater, FL 33755

Dear Administrator:

This letter reports findings of an abbreviated biennial state licensure survey with limited nursing services (LNS) that was conducted on March 7, 2016 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,

Patricia Reid Caufman
for Field Office Manager

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

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