STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910765	**05/03/2017**
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

An abbreviated biennial state licensure survey was conducted at Union House Assisted Living Facility , (license # 7343), on 5/3/2017. Union House Assisted Living Facility had no deficiencies at the time of the visit.