

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967983	(X3) DATE SURVEY COMPLETED R 06/21/2017
NAME OF PROVIDER OR SUPPLIER GLADE GARDEN	STREET ADDRESS, CITY, STATE, ZIP CODE 5860 91ST AVENUE PINELLAS PARK, FL 33782	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Desk Review was conducted on 06/21/17. The deficient practice identified during the Biennial Survey conducted on 05/02/17 was corrected during the review. Lic # 12375		