

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911784	(X3) DATE SURVEY COMPLETED 06/27/2017
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 On 06/27/2017 a Limited Nursing Service Monitoring was conducted at Glendale House Assisted Living Facility. At the Glendale House Assisted Living Facility there were no deficiencies at the time of the visit. License # 7125		