STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967983	**01/05/2018**
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

An unannounced Extended Congregate Care (ECC) monitoring visit was conducted on 1/5/18 at Glade Garden. The Glade Garden, Assisted Living Facility, License # 12375, had no deficiencies at the time of this visit.