STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911784	**02/06/2018**
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 unannounced abbreviated Biennial licensure survey with Limited Nursing Services (LNS) was conducted on 2/6/18.

The Glendale House, Assisted Living Facility /License #7125, had no deficiencies at the time of this visit.