| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11911784** | **05/08/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**GLENDALE HOUSE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1706 NORTH HIGHLAND AVENUE**<br>**CLEARWATER, FL 33755** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

Assisted Living Facility

On May 8, 2018, an Initial Limited Mental Health (LMH) Survey was conducted at Glendale House. No deficient practice was identified during the survey.

(License #7125)