

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910765	(X3) DATE SURVEY COMPLETED R 02/14/2019
NAME OF PROVIDER OR SUPPLIER UNION HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1930 UNION STREET CLEARWATER, FL 33763	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A revisit was conducted on 2/14/19 at Union House an Assisted Living Facility. At the time of the survey, the facility had no deficient practice. License # 7343		