STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911784	**05/15/2019**
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

A monitoring visit for compliance with the emergency power plan was conducted at Glendale House Assisted Living Facility on 05/15/2019. The provider had no deficiencies at the time of the visit.