Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966500	A. BUILDING: _____ B. WING _____	R 07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLORY ASSISTED LIVING FACILITY	7221 UDINE AVENUE ORLANDO, FL 32819

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A revisit to a complaint investigation (2025006209) was conducted at Glory Assisted Living Facility on . The facility had an uncorrected deficiency at the time of the visit.	{A 000}		
{A 076} SS=D	59A-36.009 FAC ( ) (1) POLICIES AND PROCEDURES. (a) Each assisted living facility must have written policies and procedures that explain its implementation of state laws and rules relative to ( ). An assisted living facility may not require execution of a as a condition of admission or treatment. The assisted living facility must provide the following to each resident, or resident's representative, at the time of admission: 1. Form SCHS- , "Health Care Advance Directives - The Patient's Right to Decide," , , or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in chapter 765, F.S. Form SCHS- is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308 or the agency's website at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf; and, 2. DH Form 1896, Florida Form, , 2004, which is hereby incorporated by reference. This form may be obtained by calling the Department of Health's toll free number 1(800)226-1911, extension 2780 or online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04005.	{A 076}		

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{A 076}	Continued From page 1 (b) There must be documentation in the resident's record indicating whether a DH Form 1896 has been executed. If a DH Form 1896 has been executed, a yellow copy of that document must be made a part of the resident's record. If the assisted living facility does not receive a copy of a resident's executed DH Form 1896, the assisted living facility must document in the resident's record that it has requested a copy. (c) The executed DH Form 1896 must be readily available to medical staff in the event of an emergency. (2) LICENSE REVOCATION. An assisted living facility's license is subject to revocation pursuant to section 408.815, F.S., if, as a condition of treatment or admission, the facility requires an individual to execute or waive DH Form 1896. (3) PROCEDURES. Pursuant to section 429.255, F.S., an assisted living facility must honor a properly executed DH Form 1896 as follows: (a) In the event a resident experiences or , , staff trained in , , ( ) or a health care provider present in the facility, may withhold (, , and). (b) In the event a resident is receiving hospice services and experiences or , , facility staff must immediately contact hospice staff. The hospice procedures take precedence over those of the assisted living facility. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure its ( ) policies and procedures accurately explained the facility's implementation of state	{A 076}		

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{A 076}	Continued From page 2 laws and rules relative to . Findings: The facility's policy on explained that in the event a resident experiences , , , staff trained in . , , ( ), or a licensed health care provider present in the facility may not withhold . If is executed, will be done until EMT arrives and form is presented to them. If a resident is receiving hospice services and experiences , , , facility staff must immediately contact hospice if the patient is full code. The hospice procedure shall take precedence over those of the assisted living facility. If patient is not full code, then the facility shall continue with life-saving measures. On at 8:58 AM, the administrator said that if a resident had a , the facility would honor it and not perform . The fact the policy indicated the opposite of this was discussed with the administrator, who said again the facility would honor a . On at 9:06 AM, caregiver C said that if a resident had a and , , "you have to call the doctor and also the owner." She then said, "if they already , you cannot do if they have the yellow paper." She said regarding a resident who received hospice services, "if on hospice, call hospice. Hospice is in charge, so you have to call them." On at 9:20 AM, the owner said regarding a resident who had a , "you're not supposed to do anything to them. That's the purpose of ." She then clarified the facility's	{A 076}		

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{A 076}	Continued From page 3 policy was to withhold for a resident with a . She said if a resident received hospice, the hospice provider was called first. Class III	{A 076}		