STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966500	08/08/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Glory Assisted Living Facility	7221 Udine Avenue Orlando, FL 32819	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0125 - 58a-5.021(6) Fac - Fiscal - Surety Bonds S-S= B

Specific Tag Findings:
0000-Initial Comments
Unannounced Assisted Living Facility (ALF) with Limited Nursing Services (LNS) abbreviated re-licensure survey was conducted. Glory Assisted Living Facility had deficiencies found during the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview the facility failed to ensure that the health assessment contained all required information.

Findings:

A commotion was overheard in the living were the staff had done the medications. Observations noted resident # 5 sat in the chair and the staff placed the cup in his mouth and shook the pill inside his mouth. He shook his head as if he did not want the medication. The medication was 50 mg one every 6 hours if needed for pain. The order indicated 50 mg one every 6 hours as needed for pain. Record review for the resident at the time revealed a health assessment dated that listed diagnosis of and did not address his medication needs; whether he needed assistance /supervision or administration.

The administrator stated at the time that she had overlooked the assessment for completion.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations, record review and interview the facility failed to ensure the staff that assisted with self-administration of medications brought the medication to the resident in its original dispensed container and read the label to the resident, observe the resident take the medication, then sign the Medication Observation Record for 3 of 6 sampled residents (#2, #5 and #6).

Findings:

Observations of the 3 PM medication pass:

1. Staff #1(unlicensed staff) sanitized her hands, opened the locked med cart, retrieved the medications, and checked the medications against the Medication Observation Record (MOR). She locked the cart. She poured the medications in a cup, signed the MOR; brought the medication to the **resident #6** and told her "Here are your medications". The prescription labeled indicated Oyster shell one 3 times daily at 9 AM, 3 PM and 9 PM. The other medication was 0.5 mg twice daily at 9 AM and 9 PM.

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2. She than assisted **resident #2, s**taff #1 sanitized her hands, opened the locked med cart, retrieved the medication and checked the medication against the MOR. The medication care was locked. Poured the medication in a cup, signed the MOR. Brought the medication to the resident and told her "here are your medications". The multi-dose packed indicated 1 mg at 3 PM. The MOR indicated 0.5 mg twice a day at 9 AM and 9 PM as the order was changed.

She stated that those were the 3 PM medications; she was finished with the medication pass.

3. A commotion was over hear in the living were the staff had done the medications. Observations noted **resident # 5** sat in the chair and the staff placed the cup in his mouth and shook the pill inside his mouth. He shook his head as he did not want the medication. The medication was 50 mg one every 6 hours if needed for pain. The order indicated 50 mg one every 6 hours as needed for pain.

Record review for the resident at the time revealed a health assessment dated that listed diagnosis of and did not address his medication needed; whether he needed assistance /supervision or administration.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on observations, record review and interview the facility failed to ensure that all staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience and allowed unlicensed staff to excercise judgment as to when a resident needed a medication.

Findings:

Observations of the 3 PM medication pass. Staff #1 sanitized her hands, opened the locked med cart, retrieved the medication, and checked the medication against the MOR. The medication cart was locked. Poured the medication in a cup, signed the MOR. Brought the medication to the resident and told her "here are your medications". The multi-dose packed indicated 1 mg at 3 PM. The MOR indicated 0.5 mg twice a day at 9 AM and 9 PM as the order was changed. When asked why she gave the 9 PM dosage at 3 PM, she replied the resident was agitated.

Observations at the time the resident was calm, sat in the living holding her purse.

A commotion was over hear in the living were the staff had done the medications. Observations noted resident # 5 sat in the chair and the staff placed the cup in his mouth and shook the pill inside his mouth. He shook his head as he did not want the medication. The medication was 50 mg one every 6 hours if needed for pain. The order indicated 50 mg one every 6 hours as needed for pain.

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The administrator, who was not a nurse, stated that she told the staff, who was not a nurse, either, to give him the medication as he was moaning because his knees hurt. He needed the medication but it was bitter and he had a difficult time swallowing it.

Record review for the resident at the time revealed a health assessment dated that listed diagnosis of and did not address his medication needs; whether he needed assistance /supervision or administration.

Class III

0125-Fiscal - Surety Bonds 58A-5.021(6) FAC
Based on interviews and facility record review the facility failed to ensure the surety bond was twice the supplemental security income or social security income the administrator was payee for.

Findings:

Resident # 4 stated in her approximately 10 AM that the facility was payee for her check.

The administrator stated at approximately 11:15 AM that the facility was payee for residents #1 and 6, not #4. She provided the surety bond. The surety bond was dated and was effective for $3,000.00. The administrator stated and provider her financial records that resident #1 received $ 1,487.00 and resident # 6 received $710.00 for a total of $2,197.00 per month. She called the insurance agency and requested a higher bond, which she would get after she submitted payment. The surety bond was not for a total amount of twice $2,197.00 ($4,394.00).

Class

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Glory Assisted Living Facility
7221 Udine Avenue
Orlando, FL 32819

Dear Administrator:

Re: Biennial w/LNS

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013,** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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