STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966500	11/12/2013
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)		

Specific Tag Findings:

0000-Initial Comments
an appraisal visit was conducted.

The facility had deficiencies found during the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations, interview and record review the facility failed to ensure that the staff followed the correct process each time she assisted 3 of 5 residents (#2, #3, and 5) with self-administration of medications.

Findings:

Observations of the medication pass on at approximately 8:05 AM noted that resident #3 asked for her medications because she was going out. Staff #A brought a cup with pills and gave the cup to the resident. The resident placed the medications in her hands and drank them. The Medication Observation Record (MOR) listed 20 milligram (mg), 100 mg, Calcatrate 600 mg with B, 300 mg, and 400 mg.

Observations at approximately 8:55 AM noted Staff A placed the Fish Oil capsule pill in applesauce, placed it on top of the medication cart and walked away. At approximately 9:15 AM she retrieved 2 medications from the medication cart. Stated the medications were delivered last night and she needed to update the MOR, to include Cerovite Liquid one tablespoon (15 milliliters) in liquid and have patient drink daily and place 1 dropper in liquid and have patient drink daily. She updated the MOR. She sanitized her hands measured 15 ml of Cerovite and placed in a cup. She measured 1 drop of and poured in a cup with juice. At approximately 9:15 AM she brought the cups to resident #5 "These are you morning meds." This is your fish oil. The resident ate the apple sauce; realized there was something else besides apple sauce, he spit it out the empty shell of the fish oil. He drank the liquid medications.

On at 9:30 AM observations noted that resident #2 continued to sit by the medication cart. Staff #A asked resident #2 is she was ready for her medications. The resident replied yes. Staff #A opened the medication cart and retrieved a cup with 17 pills inside. She gave

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the cup to resident #2. The staff gave her water. The resident placed the medications in her hand and took them. The staff stated on , at approximately 9:30 AM that she was on her way to bring the resident her medications this morning when the doorbell rang. She placed the pills in the medication cart until now. She stated she gave the medication listed on the MOR. The MOR listed 40 mg, 20 mg, E soft gel, 1 mg, 10 mg, 81 mg, Aling 1 mg, 20 mg , Dilvalporex 500 mg, Cranberry 475 mg, 1 mg, Oyster shell 50 mg, Metropolo 50 mg, Ferrex 150 mg, 25 mg, and 20 milliequivalents (meq).

At approximately 9:45 AM it was explained to the administrator the staff did not follow all the correct steps when she assisted the residents with self-administration of medications. She replied that the staff attended the required training.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observations and interview the facility failed to ensure medications were kept in a locked cabinet, locked cart, or other locked storage receptacle, or area at all times for 1 of 1 sampled resident (#2).

Findings:

Observations on at approximately 8:55 AM noted Staff #A placed a Fish Oil the pill in applesauce, placed in on top of the medication cart and walked away.
Resident # 2 sat next to the medication cart. At approximately 9:15 AM on , she returned to the medication cart to update the Medication Observation Record for resident #5.

The administrator stated on at approximately 9:30 that the staff was nervous. She had been to the medication training and knew better than that.

Class III

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: Appraisal/monitoring

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 **, 2014,** 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