STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966500	**04/29/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A monitoring visit for Limited Nursing Services (LNS) was conducted on . . . Glory Assisted Living had deficiencies found at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to ensure that freedom from was documented yearly by a healthcare provider for 1 of 3 sampled staff (C).
Findings:
Personnel record review revealed that staff #C had a test dated . . . Continued review revealed no evidence to confirm freedom from yearly thereafter (due
In an interview with the administrator on at approximately 3 PM. who stated she was sure that the nurse would have a test as she would needed for her job at the hospital.
An opportunity was provided to the administrator to email the documentation regarding the test result, no later than Friday by close of business.
A fax was received on at approximately 3:30 PM by the Area Office 7. The fax included a Centra Care employee clearance form dated that indicated the employee was preliminary cleared for duty, pending laboratory work, requirements and DUA and TST. The form was signed by a Registered Nurse and did not indicate freedom from .
Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on staff schedule review and interview the facility failed to ensure the minimum staff hours per week were maintained.
Findings:
During the facility tour at approximately 2:30 PM the administrator stated the facility census was 6 residents.
Review of the facility staff schedule for the week of to revealed a total of 193 staff hours. Based on a census of 6 residents the facility needed a minimum 212 hours weekly.
Staff schedule revealed staff #A worked 24 hours x 4 days for a total of 96 weekly hours. The administrator staff #B worked 24 hours x 3 days for a total of 72 hours. She also worked from 10 AM to 6 PM x 2 a week for a total of 16 hours and she also worked from 10 AM to 7 PM x 1 day a week for a total of 9 hours. (96 + 72 + 16 + 9 = 193)
In an interview with the administrator on at approximately 3PM who stated at the time, he had hired a staff that was due to start on Friday.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: LNS monitoring

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 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 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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