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

Revisit to the Monitoring survey was conducted on 7/01/15. Glory Assisted Living Facility had 1 uncorrected Class III deficiency at the time of the visit.

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

Uncorrected

Based on staff schedule review and interview, the facility failed to ensure the minimum staff house per week were maintained in writing.

Findings:

During the entrance conference at approximately 10 AM on , the administrator stated that there was a census of 6 residents.

During the tour at approximately 10:05 AM on , 6 residents were observed to be living in the facility.

The staffing schedule was reviewed for the month of 2015, and 2015 as follows:

During the week of , 2015 through , 2015, 184 hours of staffing was scheduled.
During the week of , 2015 through 13, 2015, 184 hours of staffing was scheduled.
During the week of , 2015 through , 2015, 184 hours of staffing was scheduled.
During the week of , 2015 through , 2015, 180 hours of staffing was scheduled.
During the week of 2015 through , 2015, 180 hours of staffing was scheduled.

For a census of 6 residents, the facility would need 212 hours of staffing scheduled.

In an interview with the administrator at approximately 1:15 PM on , she stated it was a clerical error.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

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

RE: Revisit to LNS monitoring

Dear Administrator:

This letter reports the findings of an LNS revisit survey conducted on 1, 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than 2015.

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. Should you have any questions please call this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

BBT7

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