STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966500	08/03/2015
NAME OF PROVIDER OR SUPPLIER **GLORY ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **7221 UDINE AVENUE** **ORLANDO, FL 32819**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

The biennial re-licensure survey with Limited Nursing services was conducted on ../.. Glory Assisted Living facility had deficiencies found at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to ensure that 2 of 2 sampled resident's records contained an examination that was recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010.

Findings:
Resident record review for resident #1 revealed a health assessment report AHCA form 1823 dated ../.. Continued review revealed the assessment form was AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2013.
Resident record review for resident #2 revealed a health assessment AHCA form 1823 dated ../.. Continued review revealed the assessment form was AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2013.
Individual resident record review revealed that an AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010 was not available for residents #1 and 2.
In an interview with the administrator on .. at approximately 1 PM , who stated she did not realized that she did not use the approved/correct health assessment form.
Class III

0010 Admissions - Continued Residency

Based on interview and record review the facility failed to ensure that 1 of 2 sampled residents (#1) who was under the care of hospice had an interdisciplinary care plan maintained in their records.
Findings:
During the entrance interview on ../.. at approximately 9 AM, the administrator identified resident #1 as being under the care of hospice.
Resident record review for resident #1 revealed a health assessment report that was dated .. that listed diagnoses of .., .., .. and .., .., .. (..) and adult .. He needed assistance with self- administration of medications and total assistance with ambulation, dressing, .., toileting, and transferring. He was under the care of hospice since ../.. Continued review revealed no evidence to confirm that the facility obtained the hospice interdisciplinary plan that was developed and implemented by a licensed hospice in consultation with the facility. The plan must specify the services being provided by hospice and those

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being provided by the facility.
An opportunity was provided to the assistant administrator to locate the documentation.
She provided an interdisciplinary hospice plan date (survey date), approximately 3 months after his admission to hospice.
In an interview with the administrator on at approximately 4 PM, who stated hospice had not given her the plan until today, after she called them.
Class III

0052 Medication - Assistance with Self-Admin

Based on observations, interviews and record review the facility failed to ensure that staff followed all the correct steps when she provided assistance with self-administration of medications to 1 of 2 sampled residents (#1).
Findings:
During the facility entrance on / at approximately 9 AM the administrator identified resident #1 as being under the care no hospice.
Observations on / at approximately 9:15 during the medication pass noted that staff # A gathered the medications for resident #1 and brought them to his . The resident was in bed. He babbled, smiled and was . She measured 1 tablespoon of with D 3. brought cup to resident's mouth. He drank it. The resident did not hold the cup. She then measured 10 cubic centimeters (cc). She poured 10 cc in cup and brought to resident's mouth. He drank it. The resident did not hold the cup. She measured Cerovite 1 tablespoon with juice and drink once daily. The resident coughed; she poured the med in apple sauce and fed the applesauce to him. The staff stated he was unable to hold the cup and that she poured the medication on one side to make sure he took it. She did not read the label to the resident and mixed a medication in apple sauce without the resident's knowledge.
In an interview with the administrator on / at approximately 1 PM, who stated she would speak with the staff.
Class III

0053 Medication - Administration

Based on record review and interview the facility failed to ensure medication administration was provided by a licensed nurse for 1 of 2 sampled residents (#1).
Findings:
During the facility entrance on / at approximately 9 AM the administrator identified resident #1 as being under the care no hospice.
Observations on / at approximately 9:15 during the medication pass noted that staff #A gathered

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

the medications for resident #1 and brought them to his . The resident was in bed. He babbled, smiled and was . She measured 1 tablespoon of with D 3. brought cup to resident's mouth. He drank it. The resident did not hold the cup. She then measured 10 cc (cubic centimeters). She poured 10 cc in cup and brought to resident's mouth. He drank it. The resident did not hold the cup. She measured Cerovite 1 tablespoon with juice and drink once daily. The resident coughed; she poured the med in apple sauce and fed the applesauce to him. The staff stated he was unable to hold the cup and that she poured the medication on one side of the applesauce to make sure he took it.

Personnel record review for staff #A revealed she was not a nurse, therefore she was unable to administer medications.

In an interview with the administrator on / at approximately 1 PM , who stated she was not aware that the staff could not hold the cup to the resident's mouth and feed the medications to the resident and that only a nurse could.

Class III

0078 Staffing Standards - Staff

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 administer medications to 1 of 2 sampled residents.

Findings:

During the facility entrance on / at approximately 9 AM the administrator identified resident #1 as being under the care no hospice.

Observations on / at approximately 9:15 during the medication pass noted that staff # A gathered the medications for resident #1 and brought them to his . The resident was in bed. He babbled, smiled and was . She measured 1 tablespoon of with D 3. brought cup to resident's mouth. He drank it. The resident did not hold the cup. She then measured 10 cc (cubic centimeters). She poured 10 cc in cup and brought to resident's mouth. He drank it. The resident did not hold the cup. She measured Cerovite 1 tablespoon with juice and drink once daily. The resident coughed; she poured the med in apple sauce and fed the applesauce to him. The staff stated he was unable to hold the cup and that she poured the medication on one side of the apple sauce to make sure he took it.

Personnel record review for staff #A revealed she was not a nurse, therefore she was unable to administer medications.

In an interview with the administrator on / at approximately 1 PM, who stated she was not aware the staff could not hold the cup to the resident's mouth and give him the liquid medication.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: Relicensure w/LNS

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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Orlando Field Office
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