STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966500	**01/10/2019**
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

An unannounced monitoring visit related to emergency environmental control plan was conducted on . . . . . Glory Assisted Living Facility had a deficiency at the time of the visit.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record reviews, observation and interviews the facility failed to ensure the safety of residents by completing an approved Comprehensive Emergency Management Plan (CEMP).

Findings include:

On . . . . . at 8:30 a.m. interview with the facility administrator who stated the facility has not received their approval from Orange County Emergency Management for the facility CEMP.

Class III