STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966500	R **06/11/2019**
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

A revisit to a monitoring visit for the emergency environmental control plan was conducted at Glory Assisted Living Facility on June 11, 2019. The deficiency was found to be corrected at the time of the survey.