Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966500	A. BUILDING: _____ B. WING _____	02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLORY ASSISTED LIVING FACILITY	7221 UDINE AVENUE ORLANDO, FL 32819

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
CZ813	59A-35.090(3)(c), FAC Results of Screening & Notification In File 59A-35.090 Background Screening. (3) Results of Screening and Notification. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on personnel record review, Background Screening Clearinghouse (BGS) website review and interview, the facility failed to obtain 1 of 2 sampled staff (A) an up-to-date Level 2 BGS eligibility result notification in the file as required. Findings: Caregiver A's personnel record review revealed hire date . The last Level 2 BGS eligibility results notification in the file dated has expired on (last year). A review of the Background Screening (BGS) Clearinghouse website on at 2:45 PM revealed that Caregiver A's Level 2 BGS eligibility dated . On at 3:35 PM, an interview with the Administrator confirmed the findings. (Photographic Evidence Obtained) Unclassified	CZ813		
CZ815	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited	CZ815		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ815	Continued From page 1 offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ◡ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or ◡ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All ◡ , must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person named in the request shall be posted on a secure	CZ815		

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CZ815	Continued From page 2 website for retrieval by the licensee or designated agent on the licensee's behalf. (4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction: (a) Any authorizing statutes, if the offense was a felony. (b) This chapter, if the offense was a felony. (c) Section 409.920, relating to Medicaid provider fraud. (d) Section 409.9201, relating to Medicaid fraud. (e) Section 741.28, relating to domestic violence. (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. (g) Section 784.03, relating to battery, if the victim is a adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429. (h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems. (i) Section 817.234, relating to false and fraudulent insurance claims. (j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony. (k) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider.	CZ815		

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CZ815	Continued From page 3 (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30	CZ815		

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CZ815	Continued From page 4 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining , pursuant to s. 943.05(2).	CZ815		

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CZ815	Continued From page 5 (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07.	CZ815		

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CZ815	Continued From page 6 (b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter. (c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07. (d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. (3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including , if required, must be disqualified for employment in such position or, if employed, must be dismissed. (4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was , regardless of	CZ815		

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CZ815	Continued From page 7 whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on observation, Background Screening (BGS) Clearinghouse website review, resident record review and interview, the facility failed to obtain an eligible Level 2 BGS for an adult family member to Resident #5 having access to the residents' living in the facility and was living in a vehicle at the Assisted Living Facility's driveway and utilizing the facility's amenities that's prohibited. Findings: An observation on at 10 AM, an adult female was outside sitting in her vehicle parked (backed in) on the facility's driveway in the front yard. The Caregiver A staff identified it was Resident #5's daughter living in her car and that the owner will explain when she arrives. She further stated that Resident #5's daughter has used the bathroom to the facility and ate food before. A review of the Background Screening (BGS) Clearinghouse website on at 10:10 AM, there was no documented evidence of a Level 2 BGS eligibility found. On at 10:12 AM, an interview with Resident #5 confirmed the adult female sitting in	CZ815		

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CZ815	Continued From page 8 her vehicle was her daughter. Resident #5 stated that her daughter lost her job and home. The owner let her daughter stay there as a favor for Resident #5. Resident #5 stated she has been here for a week. Resident #5's record review revealed admission date . The last 1823 Health Assessment was dated listed the medical history of type 2, , , , , , with right . , , Hypotriglyceridemia, , , , , , , ( ); gait instability and visual ( ) , . She needs assistance with activities of daily living (ADLs) in grooming. Supervision with bathing. Independent with ambulation, , eating, and transferring. She ambulates with a quad cane. She needs assistance with self-administration of medications. On at 1:35 PM, an interview with the owner explained that she was a Christian and Resident #5 had told her that her daughter had lost her job and was homeless, so the owner invited to stay & park her car at the facility until she gets on her . It was asked to the owner if the adult female have been inside the facility to eat, use bathroom, used the shower and slept in the facility? The owner answered "yes". The owner stated that she slept in the car port Administrator's office building for one night or two because it has been very weather for her to sleep in her vehicle, never in the facility on a resident's bed. It was explained to the owner that this was a licensed facility (business) and could not just have anyone among, accessing or interacting with the residents and the resident's home without a Level 2 Background screening.	CZ815		

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CZ815	Continued From page 9 On at 4 PM, an interview with the Administrator confirmed the finding. Unclassified	CZ815		
CZ821	59A-35.110( ) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by	CZ821		

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CZ821	Continued From page 10 reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.	CZ821		

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CZ821	Continued From page 11 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 6. For the purposes of this rule, the following applies for submitting adverse incident reports: a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident.	CZ821		

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CZ821	Continued From page 12 d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up to $50 per day late not to exceed $500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to electronically submit an one business day incident report and a full 15 day report to the Agency for Healthcare Administration (AHCA) for 1 of 7 sampled residents (#6) after a condition that required a higher level of care (hospital). Findings: Resident #6's personnel record review revealed admission date . She was discharged to live at home with family after being sent to the hospital on . The last 1823 Health Assessment dated listed medical history of , , , , , , Behavioral , , and history of from gait unstability. She needs assistance with activities of daily living	CZ821		

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CZ821	Continued From page 13 (ADLs) in bathing, ␣, grooming, toileting and transferring. Supervision with ambulation. Independent with eating. She needed assistance with self-administration of medications. An observation note by the Administrator on ␣, no time documented Resident #6 was taken to the bathroom and while on toilet, Resident #6 health seems to go downhill. Resident #6 was not really responsive and Resident #6 was taken to the hospital. On ␣ at 10:03 AM, a telephone family interview confirmed that Resident #6 was taken to the hospital on ␣ after Resident #6 suffered a ␣ and had ␣ on the left side of her body that no one could explain. The family member said that the facility did not notify her that Resident #6 went to the hospital, it was found out from a phone call by the hospital nurse. The family member further stated that Resident #6 was released from the hospital on ␣ and was going to live home with the family, not returning ␣ to the Assisted Living Facility and texted the Administrator. The family member stated that she reported the ␣ to the hotline. On ␣ at 8:48 AM, a telephone interview with Resident #6's case manager for Long Term Care Medicaid and she confirmed it was reported to her by family member that Resident #6 went to the hospital on ␣ for a ␣ and ␣ on her left side of the body that could not be explained by the facility what happened. There was no documented evidence that a one day and a full 15 day incident report was submitted electronically to the agency regarding this incident and no investigation conducted by	CZ821		

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	AL11966500	A. BUILDING: _____ B. WING _____	02/04/2025

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CZ821	Continued From page 14 the facility. On at 3:50 PM, an interview with the Administrator confirmed the findings. (Photographic Evidence Obtained) Unclassified	CZ821		
A 000	Initial Comments A Complaint Investigation #2024016838 and a generator monitoring was conducted at Glory Assisted Living, Inc. with Limited Nursing Services (LNS) on . The facility had deficiencies at the time of the survey visit.	A 000		
A 004 SS=D	59A-36.004 FAC Licensure - Requirements 59A-36.004 License Requirements. (1) SERVICE PROHIBITION. An assisted living facility may not represent that it provides any service other than a service for which it is licensed to provide. (2) CHANGE IN USE OF SPACE REQUIRING AGENCY CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity must not be made without prior approval from the Agency Central Office. Approval must be based on the compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection requirements referenced in Rule 59A-36.005, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING AGENCY FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously	A 004		

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A 004	Continued From page 15 been inspected for such use, must not be made without prior approval from the Agency Field Office. Approval must be based on compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection standards referenced in Rule 59A-36.005, F.A.C. (4) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. "Contiguous property" means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Chapters 408, Part II, 429, Part I, F.S. and rule Chapter 59A-35, F.A.C., and this rule chapter. (5) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 59A-36.005, F.A.C., must be submitted annually to the Agency Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Chapter 408, part II, and Section 429.14, F.S., and rule Chapter 59A-35, F.A.C. (6) RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws. This Statute or Rule is not met as evidenced by: Based on observation, facility's documentation	A 004		

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A 004	Continued From page 16 and interview, the facility failed to obtain the correct license for a six-bed assisted living facility that 6 of 6 sampled residents (#1, #2, #3, #4, #5, #6) did not receive , , , ( ), a state funded services to meet the current license licensure criteria as advertised, expiring . The previous license expired on and indicated all six beds were beds. Findings: 1. Resident #1's record review revealed admission date . There was no documented evidence that she receives services meeting the required license criteria. 2. Resident #2's record review revealed admission date . There was no documented evidence that he receives services meeting the required license criteria. 3. Resident #3's record review revealed admission date . There was no documented evidence that he receives services meeting the required license criteria. 4. Resident #4's record review revealed admission date . There was no documented evidence that she receives services meeting the required license criteria. 5. Resident #5's record review revealed admission date . There was no documented evidence that she receives services meeting the required license criteria. 6. Resident #6's record review revealed admission date and discharged on to the family's home. There was no	A 004		

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A 004	Continued From page 17 documentation that she received services meeting the required license criteria. On at 2:10 PM, an interview with the Owner confirmed the findings. (Photographic Evidence Obtained) Class III	A 004		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices.	A 010		

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A 010	Continued From page 18 (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been	A 010		

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A 010	Continued From page 19 placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services	A 010		

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A 010	Continued From page 20 license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however,	A 010		

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A 010	Continued From page 21	A 010		

staff may not exceed the scope of their professional licensure or training.
(g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observation, resident record review and interview, the facility failed to obtain a new form 1823 Health Assessment, completed by a healthcare provider for 1 of 4 sampled residents (#4) after a significant change to continue residency as required.

Findings:

An observation on at 10:05 AM, Resident #4 was laying fragile and in her rail hospital bed. She's not able to ambulate, transfer, dress, groom, bathe and eat on her own. She was and unable to respond to additional questions. She nodded yes when it was asked does the staff assist her with everything.

An observation on at 2:30 PM, Caregiver A assisted with feeding Resident #4 in her room while she was lying in bed.

An observation on at 2:40 PM, Caregiver A and Owner (2 people) had to assist her to get into her wheelchair. Resident #4 could assist and pivot with transferring to join the other residents in the living room.

Resident #4's record review revealed admission date . The last 1823 Health Assessment dated listed the medical history of loss,

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A 010	Continued From page 22 ᴗ , issues, , , , risk and , . She's wheelchair dependent with unsteady gait and forgetful alert to self. She needs assistance with activities of daily living (ADLs) in ambulation, bathing, ᴗ, grooming, toileting and transferring. Independent with eating. She needs assistance with self-administration of medications. An incident reported on that Resident #4 , went to the hospital for four stitches to her . Resident #4 did not recover well and have declined since the . On at 2:43 PM, an interview with the Administrator confirmed the findings. On at 8:48 AM, a telephone interview with the Long-Term Care (LTC) Medicaid Case Manager stated that Resident #4 had declined when she assessed her two weeks ago and was in the process arranging Hospice Care next week. (Photographic Evidence Obtained) Class III	A 010		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or ᴗ , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification	A 025		

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A 025	Continued From page 23 must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making . , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the	A 025		

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A 025	Continued From page 24 resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on facility's documentation, resident record review and interview, the facility failed to maintain a written record documenting illnesses, update on care and services as needed and significant changes for 2 of 7 sampled residents (#4, #6) as required. Findings: 1. Resident #4's record review revealed admission date . The last 1823 Health Assessment dated listed the medical history of loss, issues, risk and . She's wheelchair dependent with unsteady gait and forgetful alert to self, She needs assistance with activities of daily living (ADLs) in ambulation, bathing, , grooming, toileting and transferring. Independent with eating. She needs assistance with self-administration of medications. An incident reported on that Resident #4 , went to the hospital and received four stitches to her . Resident #4 did not recover well and declined since the . There were no facility notes documenting the ,	A 025		

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A 025	Continued From page 25 discharge orders, follow up , , such as outpatient rehabilitation required, and the family was not notified. 2. Resident #6's personnel record review revealed admission date . She was discharged to live at home with family after being sent to the hospital on . The last 1823 Health Assessment dated listed the medical history of , , , , , , , , Behavioral , and history of from unsteady gait. She needs assistance with activities of daily living (ADLs) in bathing, , grooming, toileting and transferring. Supervision with ambulation. Independent with eating. She needed assistance with self-administration of medications. An observation note by the Administrator on , no time documented Resident #6 was taken to the bathroom and while on toilet, Resident #6 health seems to have gone downhill. Resident #6 was not responsive, and Resident #6 was taken to the hospital. There were no facility notes documenting an update from the hospital, discharge orders or if any follow-up , , was required. There was no documentation the physician and the family were notified. On at 10:03 AM, a telephone family interview confirmed that Resident #6 was taken to the hospital on after Resident #6 suffered a and had on the left side of her body that no one could explain. The family member said that the facility did not notify her that Resident #6 went to the hospital, it was found out from a phone call by the hospital nurse. The	A 025		

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A 025	Continued From page 26 family member further stated that Resident #6 was released from the hospital on and was going to move home with the family, not return to the Assisted Living Facility. The family member stated a text message was sent to the Administrator. On at 4 PM, an interview with the Administrator confirmed the findings. (Photographic Evidence Obtained) Class III	A 025		
A 033 SS=D	59A-36.007(8) PHYSICAL (8) PHYSICAL . Residents for whom a physician has prescribed a physical must have a written care plan for the use of the physical . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently	A 033		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 033	Continued From page 27	A 033		

remove or avoid the device fluctuates, the device must be considered a physical and all requirements of this subsection apply.

This Statute or Rule is not met as evidenced by:
Based on observation, resident record review and interview, the facility failed to obtain a physician order for the use of bed rails hospital bed order for physical of safety and a care plan specifically documenting the need for the device, duration of device use and appropriate for continued residency for 1 of 4 sampled residents (#4) as required.

Findings:

An observation on at 10:05 AM, Resident #4 was laying fragile and in her rail hospital bed. The resident is not able to ambulate, transfer, dress, groom, bathe and eat on her own. The resident is . She nodded yes when she was asked does the staff assist her with everything.

Resident #4's record review revealed admission date . The last 1823 Health Assessment dated listed the medical history of loss, issues, risk and . She's wheelchair dependent with unsteady gait and forgetful alert to self. She needs assistance with activities of daily living (ADLs) in ambulation, bathing, grooming, toileting and transferring. Independent with eating. She needs assistance with self-administration of medications. Resident #4 was not receiving Hospice care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966500	A. BUILDING: _____ B. WING _____	02/04/2025

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A 033	Continued From page 28 An incident reported on that Resident #4 , went to the hospital for four stitches to her . Resident #4 did not recover well and have declined since the . There was no documentation or no physician orders indicating the use of the rail hospital bed for Resident #4 in the file. On at 2:43 PM, an interview with the Administrator confirmed the findings. Class III	A 033		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of	A 054		

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A 054	Continued From page 29 each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on the Medication Observation Record (MORs), resident record review and interview, the facility failed to sign off on the MORs that the daily medication was given to 2 of 5 sampled residents (#4, #5) with assistance by Unlicensed caregiver A required. Findings: 1. Resident #4's record review revealed admission date . The last 1823 Health Assessment dated listed the medical history of , , loss, , , issues, risk and . She's wheelchair dependent with unsteady gait and forgetful alert to self. She needs assistance with activities of daily living (ADLs) in ambulation, bathing, , grooming, toileting and transferring. Independent with eating. She needs assistance with self-administration of medications. A review of Resident #4's Medication Observation Record (MORs) listed medications below was not signed/holes on the MORs:	A 054		

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A 054	Continued From page 30 a. , ER 25 milligrams (mg); take 1 tablet by at 8 AM on b. Megestrol 40 mg; take 1 tablet by at 8 AM on c. Over the counter ; take 1 tablet by at 8 AM on d. , 40mg; take 1 tablet by at 8 AM on e. , ; take 1 tablet by at 8 AM on f. 0.4mg; take 1 tablet by at 8 AM on g. 20mg; take 1 tablet by at 8 AM on h. , 5mg; take 2 tablets by at 8 AM on i. 200mg; take 1 capsule by at 8 AM on j. 50mg; take 1 tablet by at 12 PM & 8 PM on and 12 PM on k. , 375mg; take 1 tablet by at 2 PM & 8 PM on and 2 PM on l. 325mg; take 1 tablet by at 8 PM on m. gel; apply , gel on lower at 8 AM & 8 PM on and 8 AM on n. Oyster shell ; take 1 tablet by at 8 PM on and 8 AM on o. C 500mg; take 1 tablet by at 8 PM on and 8 AM p. , 0.5mg; take 1 tablet by at 8 PM on and 8 AM q. , 50mg; take 1 tablet by at 8 PM on r. , 250mg; take 1 tablet by at 8 PM on	A 054		

Agency for Health Care Administration

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A 054	Continued From page 31	A 054		

2. Resident #5's record review revealed admission date . The last 1823 Health Assessment dated listed the medical history of type 2, , , , , , , , , with right , , , , Hypotriglyceridemia, , , , , , , , ( ); gait instability and visual ( ) , . She needs assistance with activities of daily living (ADLs) in grooming. Supervision with bathing. Independent with ambulation, , eating, and transferring. She ambulates with a quad cane. She needs assistance with the self-administration of medications.

A review of Resident #5's Medication Observation Record (MORs); and none of the medications below for Resident #5 was signed/holes on the MORs from - /2025as given:

a. , 75mg, take 1 tablet by at 7 AM before breakfast
b. , 81 mg; take 1 tablet by at 8 AM
c. 0,4mg; take 1 tablet by at 8 AM
d. 100mg; take 1 tablet by at 8 AM
e. Odefsey 200-25-25mg; take 1 tablet by at 8 AM
f. 10mg; take 1 tablet by at 8 AM
g. , capsule; take 1 capsule by at 8 AM
h. , 10mg; take 1 tablet by at 8 AM
i. 100mg; take 1 tablet by at 8 AM
j. 20meq; take 1 tablet by

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A 054	Continued From page 32 at 8 AM three times weekly only k. , 25mg; take 1 tablet by at 8 AM l. 40mg; take 1 tablet by at 8 AM m. Over the counter ; take 1 tablet by at 8 AM n. , 25mg; take 1 tablet by at 8 AM, 12 PM & 8 PM o. , 0.5mg; take 1 tablet by at 8 AM and 2 PM p. 25mg; take 1 tablet by at 8 AM and 5 PM q. , 5mg; take 1 tablet by at 8 AM and 8 PM r. , 100mg; take 1 tablet by at 8 AM and 8 PM s. 1000mg; take 1 tablet by at 8 AM and 8 PM t. , 30mg; take 1 tablet by at 8 AM and 8 PM u. , 500mg; take 1 tablet by at 8 AM and 8 PM v. 100mg; take 1 tablet by at 8 PM w. , 1mg; take 1 tablet by at 8 PM x. 40mg; take 1 tablet by at 8 PM y. 50mg; take 1 tablet by at 8 PM z. , 5mg; take 1 tablet by at 8 PM aa. , , 25mg; take 1 tablet by as needed On at 1:45 PM, an interview with Resident #5 stated that Unlicensed caregiver A gave her medications every day beginning the 1st of , -today. She gets her medication every day with no problems.	A 054		

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A 054	Continued From page 33 On at 10:10 AM, an interview with Unlicensed caregiver A stated that she gives the medications every day to all the residents but forgot to sign the MORs because she's busy cleaning, cooking and assisting with care to the residents. She said she knows better and will do better next time. Unlicensed caregiver A's last 2 hours update annual medication training was completed (new update due in 4 days). (Photographic Evidence Obtained) Class III	A 054		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training	A 083		

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A 083	Continued From page 34 requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on observation, personnel record review and interview, the facility failed to ensure that 1 of 2 sampled staff (A) had a valid First Aid and , , , ( ) certification card working in the facility at all times as required. Findings: An observation on at 10 AM, Caregiver A was working alone with the residents as scheduled. Caregiver A's personnel record review revealed a hire date of . The First Aid & , , , ( ) certification card on file expired (5 days ago). On at 3 PM, an interview with Caregiver A stated that she did not realize that her card had expired and will be renewed. Caregiver A confirmed that she had worked the last 5 days at the facility and tonight she will get off. On at 3:05 PM, an interview with the Administrator confirmed the findings and stated that she will work tonight and tomorrow because her First Aid and certification card was up to date and valid through (next year). (Photographic Evidence Obtained) Class III	A 083		

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A 160	Continued From page 35	A 160		
A 160 SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a , ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).	A 160		

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A 160	Continued From page 36 (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint	A 160		

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A 160	Continued From page 37 investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on the facility's Admission and Discharge log, resident record review and interview, the facility failed to update 1 of 7 sampled residents (#6) had discharged from the facility as required. Findings: A review of the Admission and Discharge log revealed that Resident #6 was admitted to the facility on and went to the hospital from a and on the left side of body, discharging from the hospital on and went home to live with family not returning to the assisted living facility. There was no documented update written	A 160		

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A 160	Continued From page 38 discharge date on the log. Resident #6's personnel record review revealed admission date . She was discharged to live at home with family after being sent to the hospital on . The last 1823 Health Assessment dated listed the medical history of , , , , , Behavioral and history of from unsteady gait. She needs assistance with activities of daily living (ADLs) in bathing, , grooming, toileting and transferring. Supervision with ambulation. Independent with eating. She needed assistance with self-administration of medications. An observation note by the Administrator on , no time documented Resident #6 was taken to the bathroom and while on toilet, Resident #6 health seems to go downhill. Resident #6 was not really responsive, and Resident #6 was taken to the hospital. On at 10:03 AM, a telephone family interview confirmed that Resident #6 was taken to the hospital on after Resident #6 suffered a and had on the left side of her body that no one could explain. The family member said that the facility did not notify her that Resident #6 went to the hospital, it was found out from a phone call by the hospital nurse. The family member further stated that Resident #6 was released from the hospital on and was going to live at home with the family, not returning to the Assisted Living Facility. The family stated the administrator was texted. Administrator. On at 4 PM, an interview with the Administrator confirmed the findings.	A 160		

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A 160	Continued From page 39 (Photographic Evidence Obtained) Class III	A 160		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C.	A 162		

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A 162	Continued From page 40 (f) A ˘ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ˘ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that ˘ not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , , ( ), CF-ES 1006, , which is hereby incorporated by reference	A 162		

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	AL11966500	A. BUILDING: _____ B. WING _____	02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLORY ASSISTED LIVING FACILITY	7221 UDINE AVENUE ORLANDO, FL 32819

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 162	Continued From page 41 and available for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966500	A. BUILDING: _____ B. WING _____	02/04/2025

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A 162	Continued From page 42 This Statute or Rule is not met as evidenced by: Based on resident record review and interviews, the facility failed to obtain a third-party care plan from the Long-Term Care (LTC) Medicaid services for 6 of 6 sampled residents (#1, #2, #3, #4, #5, #6) as required onsite at the facility in the files at all times. Findings: 1. Resident #1's record review revealed admission date . There was no documented evidence of her care plan in the file. 2. Resident #2's record review revealed admission date . There was no documented evidence of his care plan in the file. 3. Resident #3's record review revealed admission date . There was no documented evidence of his care plan in the file. 4. Resident #4's record review revealed admission date . There was no documented evidence of her care plan in the file. 5. Resident #5's record review revealed admission date . There was no documented evidence of her care plan in the file. 6. Resident #6's record review revealed admission date and discharged on to the family's home. There was no documented evidence of her care plan in the file. On at 2:10 PM, an interview with the Owner confirmed the findings. On at 8:48 AM, a telephone interview	A 162		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966500	A. BUILDING: _____ B. WING _____	02/04/2025

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A 162	Continued From page 43 with all six residents listed above Case Manager for Long Term Care Medicaid and she confirmed she manages all six residents' case management services and emailed me all six residents' current care plan. (Photographic Evidence Obtained) Class III	A 162		