

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/18/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966500	(X3) DATE SURVEY COMPLETED 09/16/2013
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 TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On 9/16/13, an unannounced revisit was conducted. Glory Assisted Living Facility did not have any deficiencies found during the revisit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 19, 2013

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

RE: Revisit to biennial w/LNS

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 16, 2013 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the 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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

