

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/06/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966500	(X3) DATE SURVEY COMPLETED R 08/22/2019
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 biennial survey was conducted at Glory Assisted Living Facility with Limited Nursing Services (LNS) on 8/22/2019. Deficiencies were found to be corrected at the time of the visit.