STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967095	12/10/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Thornton Gardens Ii	1516 Montcalm Street Orlando, FL 32806	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

Specific Tag Findings:

0000-Initial Comments
Abbreviated biennial re-licensure survey was conducted.

The facility had deficiencies found during the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations the facility failed to ensure the unlicensed staff that assisted 3 of 3 sampled residents (#1, #2 & #4) with self-administration of medications followed the correct procedure.

Findings:

1. Observations of the medication pass on at approximately 9:20 AM noted staff A, assisted resident #1 with self-administration of medications. She put on gloves, obtained the medication from the locked medication cabinet located in the kitchen. She retrieved 2 plastic containers that had medications inside. She retrieved a bubble pack and she told the resident this is your Atelenol 25 milligrams (mg) daily (the bubble pack said and 0.25 mg and (bubble pack said Atelenol). She signed the Medication Observation Record (MOR) and gave the resident the cup with the medications.

2. Observations of the medication pass for resident #2 on at approximately 9:30 AM noted that staff A retrieved a bubble pack and she told the resident this is your 10 mg. She took 2 bottles and told the resident this is your MTV and your D 3. She signed the MOR, locked the medications and gave the resident the cup with the medications.

3. Observations on at approximately 10 AM of the medication pass for resident #4 noted staff A put on gloves. She retrieved the medication container from the locked medication cabinet in the kitchen. She told the resident what the medications were, put them in a cup, signed the MOR and put the MOR and the medication away and the locked cabinet.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967095	12/10/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Thornton Gardens Ii	1516 Montcalm Street Orlando, FL 32806	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

She went to the resident and helped her to bring her hand to her mouth to take the pills.

The staff signed the MOR before she ensured that residents # 1, #2, and #4 took their medications.

In an interview with the administrator on , at approximately 2:30 PM, she stated that the staff had received the medication training and knew the correct procedure.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on interview and personnel record review the facility failed to provide or arrange for 1 of 3 sampled staff (# B) to attend an in-service training in recognizing and reporting resident , neglect, and

Findings:

Personnel record review on at approximately 2:15 PM noted that staff #B was hired on . There was no evidence to confirm she attended an in- service training in recognizing and Neglect and and Resident's Rights in an assisted living facility.

In an interview with the administrator on at approximately 2:30 PM, she stated that she was surprised that a certificate was not available; as she was sure the staff attended the in-service.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Thornton Gardens II
1516 Montcalm Street
Orlando, FL 32806

Dear Administrator:

Re: Abbreviated biennial relicensure

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

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2014,** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998