

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965768	(X3) DATE SURVEY COMPLETED 12/30/2013
NAME OF PROVIDER OR SUPPLIER Thornton Gardens	STREET ADDRESS, CITY, STATE, ZIP CODE 618 E Central Blvd. Orlando, FL 32821	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced follow up survey to the biennial survey was conducted on 12/30/2013 at Thornton Gardens Adult Living Facility. No deficiencies were identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 9, 2013

Administrator
Thornton Gardens
618 E Central Blvd.
Orlando, FL 32821

RE: Revisit to biennial relicensure

Dear Administrator:

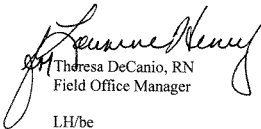
This letter reports the findings of a state licensure survey revisit conducted on December 30, 2013 by representative(s) of this office.

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(407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

