STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967228	02/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Thornton Gardens Iii	3119 Florene Drive Orlando, FL 32806	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D

Specific Tag Findings:

0000-Initial Comments
The biennial re-licensure survey was conducted on

Thornton Gardens III had deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on record review, observations and interview the facility failed to obtain a health care providers order and consent from the family or representative for the use of half-rails for 1 of 2 sampled residents (#2).

Findings:

During the tour of the facility on at approximately 9 AM, resident #2 had half rails on her bed. She received services from hospice and was not able to use, remove or avoid without assistance due to her

Record review for resident #2 revealed that there was no order for the half rails from her health care provider nor was there documentation that the representative gave consent for the use of the half-rails.

During an interview with the owner/administrator on at approximately 3 PM, she stated she had not obtained the order from resident #2's health care provider nor had she obtained the consent of the resident's family for the use of the half-rails.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observations and interview the facility failed to ensure medications that were kept refrigerated were in a locked container or that the refrigerator was locked at all times.

Findings:

During an interview with Staff A on [redacted] at approximately 3:30 PM during the medication pass she stated resident #1's eye drops were kept in the refrigerator and the refrigerator was not locked nor was it kept in a locked container.

Observations of the inside of the refrigerator at the time revealed that there was other medication inside of the refrigerator door that was not in a locked container. Further observations revealed that there were bottles (not in a prescription box) that noted Omnipred and [redacted] P, also inside of a prescription box was Lantanoprost SOL .005% for resident #1 and they were all inside of a plastic red cup. Further observations revealed next to the cup was a box that included 14 vials of [redacted] There was also a Vial of [redacted] 1% that belonged to resident #2.

Review of the medication storage policy that was located in the resident's contract revealed it noted:

It is the policy of Thornton Gardens to centrally store in a secured location all medications for the residents.

During an interview with the owner/administrator on [redacted] at 4 PM, she confirmed the medications were not in a locked container as required.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observations and interviews the facility failed to ensure that medications were kept in their properly labeled medication containers.

Findings:

During an interview with Staff A on [redacted] at approximately 3:30 PM during the medication pass she stated resident #1's eye drops were kept in the refrigerator. She was asked to provide the container from the pharmacy that the medication arrived in that included a label

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with the practitioner's name; resident's name; date dispensed; name and strength of the drug; directions for use; and Expiration date.

Staff A stated at the time that she only had the medication bottle and she did not have the prescription container that included the pharmacy label.

Further observations of the inside of the refrigerator at the time revealed that there were other medications inside of the refrigerator door inside of a cup that did not have a prescription label, there was no way to determine who the medication belonged to. There was a bottle that noted Omnipred and P and a box that included 14 vials of

During an interview with the owner/administrator and Staff A on at approximately 4 PM, they both stated they did not know who the bottles of Omnipred and P, belonged to. The administrator stated that she would discard the medications.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure that 1 of 3 staff (A) who was a newly hired staff had a statement from a health care provider that was based on an examination that was conducted within the last six months, that she did not have any signs or symptoms of a communicable including within 30 days of employment.

Findings:

Personnel record review for Staff A hired revealed that only documentation to confirm that she was free from any signs or symptoms of a communicable including was dated

During an interview with the owner/administrator on at approximately 2 PM, she stated that Staff A provided her a health care provider's statement that confirmed freedom from Communicable and that was dated sometime in '2013 and she did not have a copy of it in her record. The owner/administrator was given the opportunity to provide the evidence via e-mail and it was not provided to the agency.

Class III

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0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on interview the facility failed to ensure the person responsible for the facility's food service and the day-to-day supervision of food service failed to have evidence that she had completed a minimum of 2 hours continuing education each year in topics pertinent to nutrition and food service in an ALF.

Findings:

During a telephone interview with the owner/administrator she stated on _____ at approximately 12:45 PM, she was responsible for the facility's food service. According to the administrator she had taken the 2 hours continuing education each year in topics pertinent to nutrition and food service in an ALF. The facility was given an opportunity to provide documentation via email to the agency.

An email was received on _____ from the owner/administrator noting that she could not locate her training certificate.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Thornton Gardens III
3119 Florene Drive
Orlando, FL 32806

Dear Administrator:

Re: Biennial relicensure

This letter reports the findings of a state licensure survey that was conducted on 2014 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