

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 05/12/2014  
FORM APPROVED

|                                                                                                        |                                                                                          |                                                     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11967228</b>                | (X3) DATE SURVEY COMPLETED<br><br><b>04/21/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Thornton Gardens Iii</b>                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3119 Florene Drive<br/>Orlando, FL 32806</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                          |                                                     |

**Revisit Corrected Tags:**

0030-Resident Care - Rights & Facility Procedures-04/21/2014  
0055-Medication - Storage And Disposal-04/21/2014  
0056-Medication - Labeling And Orders-04/21/2014  
0078-Staffing Standards - Staff-04/21/2014  
0085-Training - Nutrition & Food Service-04/21/2014

**Specific Tag Findings:**

0000-Initial Comments

4/21/14 desk review completed to biennial relicensure survey. There were no deficiencies at the time of the review.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 12, 2014

Administrator  
Thornton Gardens III  
3119 Florene Drive  
Orlando, FL 32806

RE: Desk review to biennial relicensure

Dear Administrator:

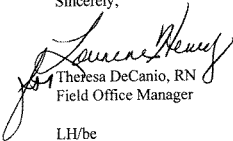
This letter reports the findings of a state licensure survey review conducted on April 21, 2014 by representative(s) of this office.

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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

