State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965768	A. Building B. Wing	11/3/2015

Name of Facility	Street Address, City, State, Zip Code
THORNTON GARDENS	618 E CENTRAL BLVD. ORLANDO, FL 32821

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0008 Reg. # 429.26(4-6) FS; 58A-5.0181 LSC	Correction Completed 11/03/2015 0008	ID Prefix A0025 Reg. # 429.26(7) FS; 58A-5.0182(1 LSC	Correction Completed 11/03/2015 0025	ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC	Correction Completed 11/03/2015 0030
ID Prefix A0052 Reg. # 58A-5.0185(3) FAC LSC	Correction Completed 11/03/2015 0052	ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC	Correction Completed 11/03/2015 0055	ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed 11/03/2015 0056
ID Prefix A0057 Reg. # 58A-5.0185(8) FAC LSC	Correction Completed 11/03/2015 0057	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 11/03/2015 0078	ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 11/03/2015 0162
ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ
ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ

Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency				12/31/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
8/4/2015		

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 21, 2015

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

RE: Revisit to Mid Cycle Monitoring

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 3, 2015 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. However, there was an additional survey done on this same date with deficiencies cited.

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

DT9D

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