AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965768	11/03/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Relicensure survey was conducted on / . Thornton Gardens had deficiencies at the time of the visit.

0083 Trainina - First Aid and

Based on personnel record review and interview, the facility failed to ensure that 2 of 4 sample staff had First Aid certification and ( ) offered by an accredited college, university or vocational school, a licensed hospital the American Red Cross, American Association, or National Safety Council, or a provider approved by the Department of Health (A & B).

Findings:

1. Personnel record for staff A revealed a certificate dated that indicated and First Aid training. The certificate was from national Internet based training. The review revealed staff A was not a nurse, therefore exempt from the training.

2. Personnel record for staff B revealed a certificate dated / that indicated and First Aid training. The certificate was from national Internet based training. The review revealed staff B was not a nurse, therefore exempt from the training.

On / at 3 PM, the administrator stated she was not aware that Internet training for First Aid and was not accepted by the Agency.

Class III

0161 Records - Staff

Based on personnel record review and interview, the facility failed to ensure the personnel record for 1 of 4 sampled staff contained all the requirements (B).

Findings:

Personnel record for staff B revealed she was hired in . Evidence to confirm she provided the facility a statement from a healthcare provider that indicated freedom from communicable including ( ) within 30 days of hire was not contained in the record.

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On / at 3 PM, the administrator confirmed the finding.

Class III

0167 Resident Contracts

Based on record review and interview, the facility failed to ensure the resident contract for 1 of 2 sampled records contained all the required components (#2).

Findings:

Resident #2's record review revealed the contract did not contain a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), Florida Administrative Code, and every 3 years thereafter, or after a significant change.

On / at 3 PM, the administrator confirmed the finding.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

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

RE: Relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted] 2015 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than [redacted], 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite 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 at [redacted]-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be

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