STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11967095 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
THORNTON GARDENS II	1516 MONTCALM STREET ORLANDO, FL 32806

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	**REVIEWED BY (INITIALS)** L Hewey for T Downs	**DATE** 2/9/16	**SIGNATURE OF SURVEYOR**	**DATE**
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 12/1/2015	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967095	R
NAME OF PROVIDER OR SUPPLIER **THORNTON GARDENS II**	STREET ADDRESS, CITY, STATE, ZIP CODE **1516 MONTCALM STREET** **ORLANDO, FL 32806**	

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

0000 Initial Comments

Re-visit was conducted on . Thornton Gardens II had a deficiency at the time of the visit.

0054 Medication - Records

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview, the facility still failed to ensure a medication observation record (MOR) for Resident#1 was up to date.

Findings:

On at 4:30 p.m. a review of Resident#1's MOR of revealed there were blank spaces on the MOR. There were not any notations explaining the reason of the omissions for the following medications and times:

75 milligram (mg) tablet, take 1 tablet by mouth (PO) once a day. The MOR was left blank at 8:00 a.m. on and .

125 mcg tablet, take 1 tablet PO once a day. The MOR was left blank at 5:00 p.m. on / .

Iron 65 mg tablet, take 1 tablet PO once a day. The MOR was left blank at 8:00 a.m. on and .

D 1,000 unit tablet, take 1 tablet PO once a day. The MOR was blank at 8:00 a.m. on and .

500 mg, 1 tablet twice daily. The MOR was left blank at 8:00 a.m. and 5 p.m. on / and at 8:00 a.m. on .

4:30 p.m. Staff B (care giver) stated that she had assisted the resident with the medications, but she had not initialed the MOR after each medication was given. The administrator who was present at the time acknowledged that the staff had not initialed the MOR for the above medications. Resident #1 was not available to be interviewed.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Thornton Gardens Ii
1516 Montcalm Street
Orlando, FL 32806

RE: Revisit to relicensure survey

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 4, 2016, by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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. Should you have any questions please call this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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