STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965768	R **12/04/2017**
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

A revisit to the re-licensure survey was conducted on 12/04/2017. Thornton Gardens, License #10099 did not have any deficiencies at the time of the visit.