STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967228	**02/08/2018**
NAME OF PROVIDER OR SUPPLIER **THORNTON GARDENS III**	STREET ADDRESS, CITY, STATE, ZIP CODE **3119 FLORENE DRIVE** **ORLANDO, FL 32806**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . . . . . Thornton Gardens III Assisted Living (License #11269) had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on resident record review and interview, the facility failed to obtain a completed and accurate AHCA form 1823 Health Assessment by the healthcare provider for 1 of 3 sampled residents (#3).

Findings:

Resident #3's record review revealed an 1823 Health Assessment form dated . . . . . The healthcare provider did not mark the type of assistance the resident needed with self-administration of medications.

On . . . . . at 1:30 PM, an interview with the Administrator who confirmed the finding.

Class III