

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967095	(X3) DATE SURVEY COMPLETED 12/27/2018
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 An unannounced monitoring visit related to emergency environmental control planning was conducted on . . . Thornton Gardens II (license # 11184) had no deficiencies at the time of the visit. 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on interview, record review and observation, the facility failed to ensure the safety of residents by completing all components of the emergency environmental action plan. Findings: During the review of records on . . . , at 10:45 a.m. the emergency management plan was requested. No written plan could be produced. Interview with the attendant revealed that no generator, spot coolers or fuel was on site and no training had been conducted to respond to a power outage.		