

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965768	(X3) DATE SURVEY COMPLETED 03/08/2018
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 complaint investigation (CCR 2017015227) was conducted on 3/8/18. Thornton Gardens Assisted Living Facility (license 10099) had no deficiencies at the time of the visit.