Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965225	A. BUILDING: _____ B. WING _____	04/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN POND COMMUNITIES	402 LAKEVIEW ROAD WINTER GARDEN, FL 34787

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
ZZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the , , are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective , , , or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before , , , initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective , , , initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	ZZ814		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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ZZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic ⌄ , submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on the Background Screening (BGS) website, personnel record review and interview, the facility failed to maintain 3 of 3 sampled staff (A, B and Maintenance Director) were not updated on the Employee Roster within 5 business days of employment as required. Findings: The facility was previously closed for two years, and the license was redeemed by the agency and all the employees on the BGS Employee Roster were terminated. In further review, on the facility was reopened for business and on accepted their first resident to the facility. 1. A review of Licensed Practical Nurse (LPN) A's personnel record review revealed date of hire and had an eligible Level 2 BGS dated . She was not updated on the BGS Employee Roster.	ZZ814		

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ZZ814	Continued From page 2 2. A review of Unlicensed Caregiver B's personnel record review revealed date of hire and had an eligible Level 2 BGS dated . In further review, the BGS Employee Roster dated at 6 PM showed she was terminated on and not re-added to the roster after re-opening in 2025. 3. A review of Maintenance Director's personnel record review revealed date of hire and had an eligible Level 2 BGS dated . In further review, the BGS Employee Roster dated at 6 PM showed he was terminated on and not re-added to the roster after re-opening in 2025. On at 7:37 PM, an interview with the Administrator confirmed the findings. (Photographic Evidence Obtained) Unclassified	ZZ814		
ZZ821	59A-35.110( ) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal;	ZZ821		

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ZZ821	Continued From page 3 (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On	ZZ821		

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ZZ821	Continued From page 4 Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Residential Mental Health Providers: Crisis stabilization units, short-term residential treatment facilities, residential treatment facilities, and residential treatment centers for children and adolescents shall submit incidents as required by	ZZ821		

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ZZ821	Continued From page 5 Section 394.907, F.S., and rules promulgated thereunder to the Agency within 1 business day of occurrence on Residential Mental Health Provider Incident Report, AHCA Form 3180-5008OL, , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-18470, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal 6. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 7. For the purposes of this rule, the following applies for submitting adverse incident reports: a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident. d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or	ZZ821		

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ZZ821	Continued From page 6 more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up to $50 per day late not to exceed $500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on review of the facility's documentation and interview, the facility failed to electronically submit a one-day report and a 15 day (full report) adverse incident report to the agency for 2 of 5 sampled residents (#1, #4) as required for with injuries. Findings: 1. A review of resident #1's record revealed the date of admission as . The 1823 Health Assessment dated listed medical history of , dependent , , ,

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ZZ821	Continued From page 7 A review of a facility note dated at 10:21 AM by LPN A documented resident #1 was found on the floor in her room. Resident #1 said that she while attempting to ambulate to her wheelchair without her walker. Resident #1 complained of , to and , to the right , . Called emergency medical transport (EMT) and sent resident #1 out for further evaluation at the hospital. Resident #1 had increased and complaining , to her / while leaving. Notified family and physician. 2. A review of resident #4's record revealed date of admission . The 1823 Health Assessment dated listed medical history of , , ,

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ZZ821	Continued From page 8 c) -did not use wheelchair when ambulating; with no injury, resident #4 was not sent out. d) - did not use wheelchair when ambulating; with no injury, resident #4 was not sent out. e) -did not have on appropriate footwear; with no injury, resident #4 was not sent out. f) -did not have on appropriate footwear; with no injury, resident #4 was not sent out. g) -did not use wheelchair when ambulating; with no injury, resident #4 was not sent out. h) - -loss balance & ; and was sent to the hospital resulting resident #4 had stitches to her . There was no documented evidence that the facility electronically submitted and reported an adverse incident to the agency for both residents mentioned above (#1, #4). On at 6:48 PM, an interview with the Administrator confirmed the findings and further stated she was not aware of the because her previous Wellness Director that quit recently on , was responsible for submitting the adverse incidents and informing her of any adverse incidents. (Photographic Evidence Obtained) Unclassified	ZZ821		

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A 000	Continued From page 9	A 000		
A 000	Initial Comments A Complaint Investigation #2026005234 and generator monitoring was conducted at Golden Pond Communities Assisted Living Facility & Memory Care with Limited Nursing Services (LNS) on . The facility had deficiencies at the time of the survey visit.	A 000		
A 008 SS=D	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or	A 008		

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A 008	Continued From page 10 continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to	A 008		

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A 008	Continued From page 11 admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of , , require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or , , services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms	A 008		

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A 008	Continued From page 12 of , , , , or any other communicable . which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by	A 008		

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A 008	Continued From page 13 the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish , , to be administered in the case of or , . (f) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to ensure that an 1823 Health Assessment Form was completed entirely for 1 of	A 008		

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A 008	Continued From page 14 5 sampled residents (#1) as required. Findings: A review of resident #1's record revealed the date of admission as . The 1823 Health Assessment dated listed medical history , dependent , and . She needs supervision with all her activities of daily living (ADLs) and ambulate by wheelchair due to a risk. She needs assistance with self-administration of medications. There was no documentation and missing on page 1 (top) the facility's name, facility's address and facility's telephone number indicated for resident #1. On at 5:10 PM, an interview with the Administrator confirmed the findings. (Photographic Evidence Obtained) Class III	A 008		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If	A 025		

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	AL11965225	A. BUILDING: _____ B. WING _____	04/06/2026

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A 025	Continued From page 15 an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making . , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as	A 025		

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A 025	Continued From page 16 needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review, facility's documentation and interview, the facility failed to ensure that appropriate supervision was met for care and services by implementing and mitigating measures to maintain safety interventions for for 2 of 5 sampled residents (#1, #4) as required. Findings: 1. A review of resident #1's record revealed the date of admission as . The 1823 Health Assessment dated listed medical history of , dependent , , ,

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A 025	Continued From page 17 There was no written documentation of when resident #1 returned to the facility from the hospital, or if she was required to go to skilled nursing rehabilitation. In further review, the facility did not have a service plan that documented interventions of how to mitigate future . Unable to interview the Wellness Director that may have had additional documentation regarding resident 1's on as the Wellness Director resigned on . On at 6:20 PM, an interview with the Administrator attempted to look in the office of the prior Wellness Director to find additional information and could not locate additional information. 2. A review of resident #4's record revealed date of admission . The 1823 Health Assessment dated listed medical history of , sleep , frequent and overactive . She currently receives home health for from previous injuries. She ambulates with her wheelchair and requires supervision for bathing, and transferring. She needs assistance with self-administration of medications. A review of the facility's tracking worksheet that documenting resident #4 had a total of eight (8) from timeframe of - (within 4 months from admission) that were known listed. 1) - - went out; with injury and sent to the hospital. Resident #4 had	A 025		

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A 025	Continued From page 18 an injury, not documented. 2) -loss balance & ; with no injury, resident #4 was not sent out. 4) -did not use wheelchair when ambulating; with no injury, resident #4 was not sent out. 5) - did not use wheelchair when ambulating; with no injury, resident #4 was not sent out. 6) -did not have on appropriate footwear; with no injury, resident #4 was not sent out. 7) - did not have appropriate footwear; with no injury, resident #4 was not sent out. 8) -did not use wheelchair when ambulating; with no injury, resident #4 was not sent out. 9) - -loss balance & ; and was sent to the hospital resulting resident #4 had stitches to her . There was no written documentation of when resident #4 returned to the facility from the hospital for the when she was sent to the hospital. Further review revealed the facility did not have a service plan that documented interventions of how to mitigate future . The only facility notes found for resident #4's documented were on at 1:41 PM, Home Health Agency was visiting resident #4 for to the left , upper left , right front , lower left from a previous ( ). It was documented that all	A 025		

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A 025	Continued From page 19 were changed and dry with intact. The facility could not provide any Home Health notes onsite documenting the care/services treating the for resident #4. A review of the facility's mitigation policy# A0152 with reviewed date of documented that the facility will establish and implement a mitigation program to diminish the residents' risk of falling. -an assessment tool would be completed at admission to identify risk residents. -staff will receive training on prevention awareness at least a minimum annually. -staff will complete an incident report for any contact the physician, responsible party and the Administrator. -the facility will determine any immediate interventions required based on the circumstances of the and. -the facility will complete a 72-hour follow up by monitoring any changes and reporting to the physician if there are changes and indicate a referral from 3rd party providers for additional treatment and for the risk residents. There was no documented evidence to show that the facility followed their mitigation policy and procedures. On at 4:25 PM, an interview with resident #4, she said that she likes living at the facility and the staff were nice. She stated that she had a lot being at the facility because she tends to lose her balance. Unable to interview the Wellness Director that	A 025		

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A 025	Continued From page 20 may have had additional documentation regarding resident 1's on as the Wellness Director resigned on . On at 6:20 PM, an interview with the Administrator attempted to look in the office of the prior Wellness Director to find additional information and could not locate additional information. (Photographic Evidence Obtained) Class II	A 025		
A 030 SS=G	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the	A 030		

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A 030	Continued From page 21 Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the	A 030		

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A 030	Continued From page 22 resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from	A 030		

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A 030	Continued From page 23 community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated	A 030		

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A 030	Continued From page 24 mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State	A 030		

Agency for Health Care Administration

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A 030	Continued From page 25 Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, facility's documentation and interview, the facility failed to honor resident	A 030		

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A 030	Continued From page 26 rights by responding to any verbal grievance regarding controlling the HVAC Air Conditioning (A/C) and Heating system thermostat in their own apartment to ensure a comfortable environment for 5 months now, since (last year). Findings: The facility was closed due to damage sustained during a hurricane a couple of years ago, finally reopening for operation last year on . The facility accepted the first resident to reside in the community on . An observation on at 10:30 AM, the facility has three separate assisted living facility buildings and one Memory Care building on the campus. Building #1 that has full capacity of 15 residents and building #2 that only have two residents residing in that building. 1. On at 3 PM, an interview with resident #2 (#) was sitting in her apartment, in her recliner chair covered with a blanket watching TV in the living room. The air conditioning (A/C) was blowing with a very loud noise, and the A/C vents were covered with cardboard in between to help disguise the loud noise. The living room was warm due to her having her fireplace going for heat. It was observed that her apartment thermostat was not working and blank reading. Resident #2 stated that the thermostat had been broken since she moved into the facility last . Resident #2 said that the Maintenance Director had tried to assist with the air and loud noise coming from the vents by covering all the vents in her apartment so her apartment does not get extremely and she said that he was doing as much as he could but	A 030		

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A 030	Continued From page 27 now it is going on 5 months like this without being able to control her apartment temperature. Resident #2 stated that she was explained that her apartment was the main apartment that controls the A/C handler that also control apartment temperatures for apartments , that apartment run on one AC handler #1 that was broken and unable to turn off the A/C air. Resident #2 said that she feels obligated to keep the A/C on and her freezing in her apartment so it would not affect the residents in apartment . Resident #2 further stated that she cannot sleep in her own bedroom because it blows freezing air. The bedroom temperature was checked in the bedroom registering at 68.1 degrees. This temperature was below the required regulations for temperature in a facility between 71 degrees-81 degrees, considered to be safe temperatures, however 68.1 degrees does not meet in the temperature perimeter for safe in the apartment. The living room temperature was registered at 75.2 degrees with using the fireplace heat. Resident #2 had stated that she had made several complaints regarding it being too in her apartment, they offered to move to another apartment and she declined. She said that she liked her apartment and thought that the A/C situation would have been fixed by now. 2. On at 3:55 PM, an interview with resident #3 (#) also lives in his with his wife. They both stated that their apartment was always hot or warmer than usual than the other apartments because their apartment is on the corner near an exit door. Resident #3's wife said that if it is outside, then their apartment will be . She further stated that during the brutal winter months in , and , with below freezing temperature outside it was	A 030		

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A 030	Continued From page 28 extremely in their apartment and worries that the A/C and heating HVAC system will not be working well when summer comes because it will be very hot outside and their apartment will be extremely hot. The apartment's temperature registered at 78.4 with two fans and a portable A/C cooler set at 70 degrees that was provided by their children, not the facility. The couple said that their apartment will get hot and at any given time for no reason. Observed the thermostat on the wall in the apartment that was not working and blank reading. The couple also stated that this A/C broken has been this way since they moved into the facility in and they were told that apartments run on one A/C handler #1 and that one A/C handler #1 was not working properly that links and cools all 7 apartments. The couple said that they have complained to management and did not want to move from their apartment as this is their home and understand the cost of repairs, but they continue to pay their rent every month as normal and expected the apartment to have cool air or heat when needed controlled by their room's thermostat. 3. On at 4:25 PM, an interview with resident #4 (#) said that she likes living at the facility and the staff were nice and lovely. Everyone here takes good care of her and assists her when she needs help, she has no complaints. She stated that her apartment was a little warmer than she prefers because the thermostat for her apartment cannot align with the outside temperature to kick on the A/C appropriately and work properly. She said that she let the Administrator know about it and the Administrator brought her own portable A/C cooler from her home to her apartment so she can keep the temperature cooler. She knows they are trying to	A 030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965225	A. BUILDING: _____ B. WING _____	04/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN POND COMMUNITIES	402 LAKEVIEW ROAD WINTER GARDEN, FL 34787

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A 030	Continued From page 29 get the A/C problems fixed before the summer and had no interest in moving in another apartment at this time. The temperature in her apartment registered at 77.1 degrees with the portable A/C cooler set at 70 degrees. 4. On at 4:45 PM, an interview with resident #6 (#) stated that she loves living at the facility and is very happy. The staff are very helpful and nice. She said that her apartment tends to be warmer than normal, and her thermostat does not register the correct temperature for the thermostat to align with the inside and outside temperature to link for the A/C to turn on properly. She stated that the Administrator graciously brought in her own portable A/C cooler from her home to bring to her to keep her apartment cool. She thought that was very nice. On at 5:30 PM, an interview with the Maintenance Director stated the A/C problems started in for building #1. He had a local A/C company come out and check the A/C system for building #1. The local A/C company told him that the A/C air handler #1 was overcooling, A/C air handler #2 was freezing up and A/C air handler #3 had no cool air. There are three A/C air handlers for building #1 that have old building codes and located in the attic. The Maintenance Director can only control the three A/C air handlers for building #1 from the attic (one location). The local A/C company provided the facility with an invoice dated for the service call and charged $636.00. There was an email sent to the facility on documented the cost for all three A/C air handlers to be fixed costing $72,888.66. The facility's	A 030		

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A 030	Continued From page 30 corporate office did not want to pay this amount and did not approve this quote. Later, (3 months ago), the facility's corporate office sent their own A/C repair company from North Carolina to come down to Florida to temporarily fix the A/C problem in building #1. The corporate office North Carolina only changed A/C air handler #1 that are for apartments by temporarily locating one single thermostat in the attic to control collectively. This did not fix the A/C problem but only moved to the attic to control one thermostat that means all 7 apartments must either have A/C or heat on at the same time only controlled by the Maintenance Director. None of the apartments in building #1 cannot have their own thermostat to control their own room temperature. On at 5:40 PM, an interview with the Administrator said she truly understands how the residents feel about the A/C not working properly in building #1 (apartments) and she brought in her own two A/C portable coolers from home to loan to resident #4 and #6 apartments to help keep it cool. The Administrator further stated that she would give a discounted rate $300 off monthly rate of $300 next month especially for all residents living in apartments due to the A/C problems for the past 5 months. The facility failed to honor residents' rights by responding to grievances not repairing the A/C HVAC system in building #1 in a timely manner that provide care and services to the elderly. (Photographic Evidence Obtained) Class II	A 030		

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A 152	Continued From page 31	A 152		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable ˬ to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not	A 152		

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A 152	Continued From page 32 be . This Statute or Rule is not met as evidenced by: Based on observation, facility's documentation and interview, the facility failed to provide a safe and comfortable environment by maintaining repairs to the HVAC Air Conditioner (A/C) and Heating systems in building #1 to work properly as required in an assisted living facility. Findings: The facility was previously closed due to damage sustained during a hurricane a couple of years ago, finally reopening for operation last year on and accepting the first resident to reside in the community on . An observation on at 10:30 AM, the facility has three separate assisted living facility buildings and one Memory Care building on the campus. Building #1 that has full capacity of 15 residents and building #2 that only have two residents residing in that building. There are four apartments confirmed that the HVAC Air Conditioner was not working properly in apartment #1, # 7, 9 and #12. The temperature for apartment #1's bedroom was extremely , not meeting and below the regulated temperature of 68.1 degrees registered and not safe for an elderly person when checked on . On at 3 PM, an interview with resident #2 (#) was sitting in her apartment, in her recliner chair covered with a blanket watching TV in the living room. The air conditioning (A/C) was blowing with a very loud noise, and the A/C vents were covered with cardboard in between to help	A 152		

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A 152	Continued From page 33 disguise the loud noise. The living room was warm due to her having her fireplace going for heat. It was observed that her apartment thermostat was not working and had a blank reading. Resident #2 stated that the thermostat had been broken since she moved into the facility last . Resident #2 said that the Maintenance Director had tried to assist with the air and loud noise coming from the vents by covering all the vents in her apartment so her apartment does not get extremely and she said that he was doing as much as he could but now it is going on 5 months like this without being able to control her apartment temperature. Resident #2 stated that it was explained to her that her apartment was the main apartment that controls the A/C handler that also control apartment temperatures for apartments , that apartment run on one AC handler in # . This AC handler was broken and unable to turn off the A/C air. Resident #2 said that she feels obligated to keep the A/C on and her freezing in her apartment so it would not affect the residents in apartment . Resident #2 further stated that she cannot sleep in her own bedroom because it blows freezing air. The bedroom temperature was checked in the bedroom registering at 68.1 degrees. This temperature was below the required regulations for temperature in a facility between 71 degrees-81 degrees, considered to be safe temperatures, however 68.1 degrees does not meet in the temperature perimeter for safe in the apartment. The living room temperature was registered at 75.2 degrees with using the fireplace heat. Resident #2 had stated that she had made several complaints regarding it being too in her apartment, they offered to move to another apartment and she declined. She said that she liked her apartment and	A 152		

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A 152	Continued From page 34 thought that the A/C situation would have been fixed by now. On at 3:55 PM, an interview with resident #3 (#) also lives with his wife. They both stated that their apartment was always hot or warmer than usual than the other apartments because their apartment is on the corner near an exit door. Resident #3's wife said that if it is outside, then their apartment will be . She further stated that during the brutal winter months in , and , with below freezing temperature outside it was extremely in their apartment and worries that the A/C and heating HVAC system will not be working when summer comes because it will be very hot outside and their apartment will be extremely hot. The apartment's temperature registered at 78.4 with two fans and a portable A/C cooler set at 70 degrees that was provided by their children, not the facility. The couple said that their apartment will get hot and at any given time for no reason. Observed the thermostat on the wall in the apartment that was not working and with a blank reading. The couple also stated the A/C has been this way since they moved into the facility in and they were told that apartments run on one A/C handler in # . The couple said that they have complained to management and did not want to move from their apartment as this is their home and understand the cost of repairs, but they continue to pay their rent every month as normal and expected the apartment to have cool air or heat when needed controlled by their room's thermostat. On at 5:30 PM, an interview with the Maintenance Director stated the A/C problems started in for building #1. He had a local A/C company come out and check the A/C	A 152		

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A 152	Continued From page 35	A 152		

system for building #1. The local A/C company told him that the A/C air handler #1 was overcooling, A/C air handler #2 was freezing up and A/C air handler #3 had no cool air. There are three A/C air handlers for building #1 that have old building codes and located in the attic. The Maintenance Director can only control the three A/C air handlers for building #1 from the attic (one location). The local A/C company provided the facility with an invoice dated for the service call and charged $636.00.

An email dated to the facility documented the cost for all three A/C air handlers to be fixed costing $72,888.66. The facility's corporate office did not want to pay this amount and did not approve this quote. On three months ago, the facility's corporate office sent their own A/C repair company from North Carolina to come down to Florida to temporarily fix the A/C problem in building #1. The corporate office North Carolina only changed the A/C air handler #1 that are for apartments by temporarily locating one single thermostat in the attic to control collectively. This did not fix the A/C problem but only moved to the attic to control one thermostat that means all 7 apartments must either have A/C or heat on at the same time only controlled by the Maintenance Director. None of the apartments in building #1 cannot have their own thermostat to control their own room temperature.

On at 5:40 PM, an interview with the Administrator said she truly understands how the residents feel about the A/C not working properly in building #1 (apartments) and she brought in her own two A/C portable coolers from home to loan to resident #4 and #6 apartments to help keep it cool. The Administrator further stated that she would give a discounted rate $300 off

Agency for Health Care Administration

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A 152	Continued From page 36 monthly rate of $300 next month especially for all residents living in apartments due to the A/C problems for the past 5 months. (Photographic Evidence Obtained) Class III	A 152		