

7/17/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965225	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 7/13/2012
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Name of Facility
GOLDEN POND COMMUNITIES

Street Address, City, State, Zip Code
400 LAKEVIEW ROAD
WINTER GARDEN, FL 34787

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC _____	Correction Completed 07/13/2012	ID Prefix A0052 Reg. # 58A-5.0185(3) FAC LSC _____	Correction Completed 07/13/2012	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC _____	Correction Completed 07/13/2012
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency _____	Reviewed By <i>[Signature]</i> Reviewed By _____	Date: <i>7/17/12</i> Date: _____	Signature of Surveyor: _____ Signature of Surveyor: _____	Date: _____ Date: _____
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Followup to Survey Completed on:

6/6/2012

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 17, 2012

Administrator
Golden Pond Communities
400 Lakeview Road
Winter Garden, FL 34787

Dear Administrator:

RE: Revisit to CCR#2012002767

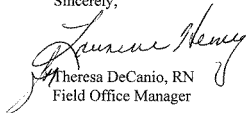
This letter reports the findings of a state licensure survey revisit conducted on July 13, 2012 by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

JSXD

