

5/2/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11965225

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
4/15/2013

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 A0052 Reg. # 58A-5.0185(3) FAC LSC	Correction Completed 04/15/2013	ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 04/15/2013	ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed 04/15/2013
ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 04/15/2013	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed 04/15/2013	ID Prefix A0167 Reg. # 58A-5.025(1) FAC LSC	Correction Completed 04/15/2013
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

Reviewed By

Date:

Signature of Surveyor:

Date:

State Agency

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Survey Completed on:

1/29/2013

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

YES

NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 2, 2013

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

RE: Revisit to biennial w/LNS

Dear Administrator:

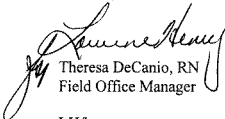
This letter reports the findings of a state licensure survey revisit conducted on April 15, 2013 by representative(s) of this office.

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

