STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965225	08/01/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Golden Pond Communities	400 Lakeview Road Winter Garden, FL 34787	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= B
St - A - 0163 - 429.49 Fs - Records - Resident, Penalties For Alteration S-S= G
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
Unannounced Limited Nursing Services (LNS) monitoring conducted

Golden Pond Communities had deficiencies found during the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure that freedom from was documented on an annual basis and by a health care provider for 1 of 3 sampled staff (C).

Findings:

Personnel record review at approximately 2 PM for staff C revealed a chest X-ray test result dated Continued review revealed no evidence to confirm that staff C had evidence to confirm freedom from yearly (due in 2013) as required.

The administrator stated that after some searching she was unable to locate a current test for staff C.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on personnel record review and interview the facility failed to ensure 1 of 3 sampled staff records (B) contained evidence to confirm one-time education course on and

Findings:

Personnel record review at approximately 3 PM revealed staff B was hired on 2012. Continued review revealed no evidence to confirm she attended a one-time education course on and

The administrator stated at the time that she was unable to locate any documentation to confirm she attended a class.

Class III

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0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on ersonnel record review and interview the facility failed to ensure 1 of 3 unlicensed staff (C), who assisted residents with self-administration of medications, received a minimum 2 hour update related to medication practices, yearly.

Findings:

Personnel record review for staff C at approximately 2 PM revealed the staff attended a 4 hour medication training on . He attended at 2 hour medication training update on . Continued review revealed no evidence to confirm she attended/obtained a minimum 2 hour update training yearly (due .

The administrator stated at the time that she was unable to locate any documentation to confirm she attended a class.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on personnel record review and interview the facility failed to ensure 1 of 3 sampled staff records (B) contained a copy of the original employment application with references furnished.

Findings:

Personnel record review at approximately 2 PM revealed staff B was hired in 2012. Continued review revealed no evidence to confirm the staff had completed a job application.

The administrator stated at the time that she was unable to locate the application sure one had been filled out.

Class .

0163-Records - Resident, Penalties for Alteration 429.49 FS
Based on record reviews and interviews the facility failed to ensure no resident record was fraudulently defaced or falsified for 3 of 3 sampled records (1, 2, and 3).

Findings:

Resident record review at approximately 11 AM on . (a future date) for resident #1 revealed an order dated . that indicated apply and remove right leg brace. Continued review revealed the monthly nursing assessments date had been written over and changed to . were conducted by an LPN. The date was changed on the front of the form as well as the back.

Record review for resident #2 at approximately 11:30 AM on . revealed an order dated . that indicated 2L/m continuously. Continued review revealed a nursing assessment dated . that was conducted by an LPN. The assessment dated 5/3 did not have a signature.

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SUMMARY STATEMENT OF DEFICIENCIES
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Record review for resident #3 at approximately 11:45 AM on revealed an order dated that indicated 2L/mat bedtime. Continued review revealed a nursing assessment dated that was conducted by an LPN.

The DON stated at the time that the nurse did the assessment over the weekend but it was too early, so she changed the date. When asked to explain more, she said that when she first started to work there the previous charge nurse told her that nursing assessment had to be done the 3rd of every month.

The administrator stated at the time that she would talk to the nurse about this issue.

A telephone call was received from the administrator on at approximately 8:15 that the LPN who wrote the assessments told her that she did the assessments over the weekend, then went to attend a resident and did not correct the dates.

Class II

N277-LNS - Resident Care Standards 58A-5.031(2) FAC
Based on record reviews and interviews the facility failed to ensure that nursing services were conducted in accordance with Chapter 464, F.S., (Nurse Practice Act) and the prevailing standard of practice in the nursing community and allowed a Licensed Practical Nurse (LPN) to conduct nursing assessments for 2 of 3 residents (1 and 2) who received Limited Nursing Services (LNS).

Findings:

During the facility entrance interview, at approximately 9 AM the Director of Nursing stated 11 residents received LNS.

Resident record review at approximately 11 AM for resident #1 revealed an order dated that indicated apply and remove right leg brace. Continued review revealed the monthly nursing assessments dated , and were conducted by an LPN.

Record review for resident #2 at approximately 11:30 AM revealed an order dated that indicated 2L/m continuously. Continued review revealed the nursing assessments dated 6/3, 7/3, revealed they were conducted by an LPN. The assessment dated 5/3 did not have a signature.

The DON stated at the time that she did not understand why the LPN conducted the assessments, because she was supposed to do them as she was the RN.

The administrator stated at the time that she was not aware the LPN was not able to conduct the assessments.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

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

Dear Administrator:

Re: LNS monitoring

This letter reports the findings of a state licensure survey that was conducted on 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013,** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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