

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/23/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965225	(X3) DATE SURVEY COMPLETED 09/12/2013
NAME OF PROVIDER OR SUPPLIER Golden Pond Communities	STREET ADDRESS, CITY, STATE, ZIP CODE 400 Lakeview Road Winter Garden, FL 34787	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

Unannounced Complaint Inspection #21013008829 was conducted in conjunction with Complaint Inspection #2013009167 on 9/12/13, and the revisit to the Limited Nursing Services (LNS) monitoring conducted 8/01/13. Golden Pond Communities had no deficiencies found during the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 23, 2013

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

Re: CCR #2013008829

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 12, 2013 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

