STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965225	03/06/2014
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 - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= G

Specific Tag Findings:

0000-Initial Comments
A complain inspection CCR#2013012869 was conducted on .

Golden Pond Assisted Living Facility had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interview the facility failed to obtain a Completed Resident Health Assessment (AHCA form 1823) after a significant change (hospice and hospital admissions) for 2 of 3 sampled residents (#2 and #3).

Findings:

1. Record review for Resident #2 revealed that she was admitted into the hospital on . for . activity and returned to the facility on . Further record review for resident #2 revealed that there was no documentation to confirm that she had a history of . and there was no AHCA form 1823 found in her record for the significant change that resulted in the hospital admission.

2. Record review for resident #3 revealed she was admitted into the hospital on . and was admitted onto hospice on . while in the hospital. The only Resident Health Assessment (AHCA form 1823) available for review was dated . There was no AHCA form 1823 for the significant change (the deterioration in his health that resulted in the hospital admission and the hospice admission).

During an interview with the administrator on . at approximately 2 PM, she stated the AHCA form 1823's was not completed for the significant changes as required.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965225	03/06/2014
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)		

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and interview the facility failed to contact and maintain a written record that the health care provider (physician or physician's assistant, Advanced Registered Nurse Practitioner) was notified for 1 of 3 sampled residents (#2) when a significant change occurred.

Findings:

Record review for resident #2 revealed a Resident Health Assessment form (1823) dated with diagnosis that included and Review of the nurse's notes revealed the following documentation's:

at 11:30 AM-Caregiver (name Mentioned) notified this nurse, the resident was in the sitting area having a The resident's body was body was rigid and his/her pupils were constricted. The resident turned to the side lasted approximately 5-6 seconds. The patien was sleeping. Notified Director of Nursing (DON) who was present after The health care provider's Registered Nurse (RN) was notified. Resident awake speech slurred. The resident was noticed resident leaning to one side.

at 12:25 PM received order to send patient to Emergency (ER) per Doctor (name mentioned) called golden pond spoke with Licensed Practical Nurse (LPN) name mention and gave order. LPN confirmed and called 911.

-13:20 Received Telephone Order (TO) to send resident to hospital for evaluation after experience episode of 911 was called. The resident was taken to hospital (name mentioned) via ambulance. Daughter present.

During an Interview with the acting DON on at approximately 2:00 PM she stated that she texted the Physician's RN when the resident was having the to make her aware of what was going on. She stated that they had a relationship with the RN and she would normally text back with instructions from the Physician.

Further record review revealed that there was no documentation that the health care provider (physician or physician's assistant, Advanced Registered Nurse Practitioner) was contacted when the resident experienced a slurred speech and was also leaning to one side. The facility staff texted the Physician's RN regarding the resident's medical condition and she did not respond until about an hour later. There was no documentation to confirm that the staff attempted to continue to try to make contact with the physician after there was no

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965225	03/06/2014
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)		

response from the nurse. According to the records the resident remained at the facility another hour after the order to send her to the hospital was received.

Class II

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on Record review and interviews the facility failed to ensure that 1 of 3 sampled residents (#2) lived in a safe and decent living environment, free from medical neglect and did not seek timely adequate and appropriate health care consistent with established and recognized standards within the community.

Findings:

Record review for resident #2 revealed a Resident Health Assessment form (1823) dated with diagnosis that included and
Review of the nurse's notes revealed the following documentation's:

at 11:30 AM-Caregiver (name Mentioned) notified this nurse resident was in sitting area having Resident body rigid pupils constricted. Resident turned to side lasted approximately 5-6 seconds. The patient was sleeping. Notified Director of Nursing (DON) who was present after The health care provider's Registered Nurse was notified. Resident awake speech slurred. The resident was noticed leaning to one side.

at 12:25 PM received order to send patient to Emergency (ER) per Doctor (name mentioned) called golden pond spoke with Licensed Practical Nurse (LPN) name mention and gave order. LPN confirmed and called 911.

3-13:20 Received Telephone Order (TO) to send resident to hospital for evaluation after experience episode of 911 was called. The resident was taken to health central hospital via ambulance. Daughter present.

Further record review revealed that there was no documentation the health care provider (physician or physician's assistant, Advanced Registered Nurse Practitioner) was contacted when the resident experienced a had slurred speech and was leaning to one side. The physician's registered nurse (RN) responded 1 hour later. There was no documentation found that indicated the medical care, observations and comfort measures that was provided to resident #2 after she had the while waiting to be sent to the hospital. According to the documentation, the resident remained at the facility another hour after the order to send her to the hospital was received.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965225	03/06/2014
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)		

During an interview with the current acting Director of Nursing (DON) on [redacted] at approximately 1 PM she stated she was the nurse that was present when Resident #1 was having a [redacted] and she completed the nursing notes at 11:30 and 12:25 PM. She explained she observed Resident #2 having a [redacted] she sent a group text to the former DON and the health care provider's Registered Nurse (RN) informing them of what was going on with the resident. She explained that the former DON arrived and did not feel that the resident should go to the ER because the resident had [redacted] and it would more [redacted] to send her out than not to. She felt the resident should not be put through going to the ER because she would be [redacted] The Acting DON explained she did not feel comfortable with decision that and texted provider's nurse herself to report. About an hour later she received a text from the health care provider's nurse who said the health care provider said to go ahead and send the resident to the hospital. She stated she had left for the day and when the doctor's RN called her she called the facility back and spoke with an LPN on duty and told her that the resident should be sent to the hospital per the health care provider's orders.

During an interview with the RN from the health care provider's office on [redacted] at approximately 2:30 PM, she stated that she did receive a text from the facility, however it was a Sunday and she was in church and responded after she reviewed the text. She stated that the Doctor felt that if the facility was in doubt about a resident's condition they were to go ahead and send them out without hearing from their office.

During an interview with the administrator on [redacted] at approximately 2:45 PM, she stated she was aware that the resident was sent out to the hospital because the staff always made her aware by text if a resident was sent out to the hospital. She was not aware that the resident was not sent out right away after having a [redacted]

Class II

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

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

Dear Administrator:

Re: CCR #2013012869

This letter reports the findings of a **complaint investigation** licensure survey that was conducted on 2014 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 **2014,** 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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998