STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965225	12/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Golden Pond Communities	402 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 - 0089 - 429.178 Fs - [illegible] - Special Care S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Initial Comments
A monitoring visit for Limited Nursing Services (LNS) conducted on [illegible] Golden Pond Communities had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure 2 of 4 sampled staff (C and D), provided within 30 days of hire, a statement from a health care provider; based on an examination that the person did not have any signs or symptoms of a communicable [illegible] including [illegible]

Findings:

Personnel record review at approximately 11 AM revealed staff D was a nurse and was hired on [illegible]. Review revealed a healthcare provider statement that confirmed freedom from communicable [illegible] including [illegible] however the statement was dated [illegible]. Continued review revealed that a healthcare provider statement that indicated freedom from communicable [illegible] including [illegible] dated 30 days after hire was not available.

In an interview with the office manager on [illegible] at approximately 11:45 AM, who stated "The assessment was outdated so she threw it away".

Personnel record review for staff C revealed she was hired on [illegible]. Continued review revealed a [illegible] test result dated [illegible] that was administered and read by a licensed practical nurse at her previous place of employment. Continued review revealed that a healthcare provider statement that indicated freedom from communicable [illegible] including [illegible] dated 30 days after hire was not available.

In an interview with the administrator on [illegible] at approximately 12:30 PM revealed she thought the paperwork was correct.

Class III

0089-Alzhei[illegible] - Special Care 429.178 FS
Based on record review and interview the facility failed to ensure 1 of 4 sampled staff (D) received 4 hours of initial dementia-specific training within 3 months of employment and 4 additional hours of training developed or approved by the department, within 9 months of beginning employment.

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	AL11965225	12/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Golden Pond Communities	402 Lakeview Road Winter Garden, FL 34787	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Findings:

Observations during the entrance at approximately 9 AM noted the facility consisted of 5 separate buildings. Further observations noted that 2 of the buildings' front door were locked and a code was needed to enter and exit. The buildings were numbers 408 and 410. The facility advertised it provided special care for persons with or other related

Personnel record review at approximately 11 AM for staff D, the Registered Nurse, hired on revealed no evidence to confirm she attended 4 hours of initial -specific training within 3 months of employment and 4 additional hours of training developed or approved by the department within 9 months of beginning employment.

An opportunity was given to the office manager to locate the evidence of training.

In an interview with the Director of Nursing on at approximately 11:30 who stated that after searching and speaking with the nurse it appeared she had not attended the Level I and Level 11 training.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on personnel record review an interview the facility failed to ensure that 1 of 4 sampled staff records (D) contained copies of all licenses or certifications for all staff providing services that require licensing or certification and accepted a training from an internet training site.

Findings:

Personnel record review at approximately 11 AM for staff D, the Registered Nurse, hired on revealed a certificate that expired on that was not from an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement.

In an interview with the Director of Nursing on at approximately 11:30 who stated she was not aware that the certification had been done on the internet.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Golden Pond Communities
402 Lakeview Road
Winter Garden, FL 34787-3019

RE: Monitoring visit for Limited Nursing Services

Dear Administrator:

This letter reports the findings of a state 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 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 407-420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

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