STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965225	02/09/2015
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 - 429.26(1&9) Fs; 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0076 - 58a-5.0186 Fac - S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= B
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= B
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

Specific Tag Findings:
0000-Initial Comments
The re-licensure survey with Limited Nursing Services was conducted on Golden Pond Communities Assisted Living Facility had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 429.26(1&9) FS; 58A-5.0181(4) FAC
Based on record review and interview the facility did not ensure coordination of care between the Assisted Living Facility (ALF) and the licensed hospice agency, including developing and implementing an individualized Hospice Interdisciplinary Care plan to ensure the personal needs were met on a daily basis for 1 of 4 Sampled residents (#3) prior to admitting him on hospice.

Findings:
During an interview with the Director of Nursing on at approximately 11:30 AM, she stated resident #3 was on hospice.

Record review for resident #3 including the review of the hospice notebook revealed there was no hospice interdisciplinary care plan available that was coordinated between the facility and hospice which specified the services being provided by hospice and the facility. He was admitted into hospice in

During an interview with the Director of Nursing on at approximately 4:30 PM, she stated there was no hospice Interdisciplinary Care plan that was coordinated between the hospice and the ALF prior to his hospice admission.

Class III

0076 58A-5.0186 FAC
Based on record review and interview the facility failed to ensure the facility's policies and procedures explain its implementation of state laws

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and rules relative to . . . . . An assisted living facility must honor a properly executed . . . .

Findings:

Resident record review for residents #8 revealed that the . . . . . policy included in the resident contract indicated that:

"In the event a resident experiences . . . . . or . . . . . will be started even if the resident has a . . . . . Once the paramedics arrive the decision may be made by the professionals to withhold life saving measures. It is our determination that as non-professionals (paramedics, physicians) is not within our guidelines to withhold life saving measures". There was no guidance as to what the policy was regarding those residents without a . . . . . .

Another . . . . . policy indicated that "the staff was not professions such as physicians or paramedics. We are not qualified to make a decision to withhold . . . . if a resident goes into . . . . . . If a resident goes into . . . . . or . . . . . will not be started if a . . . . . is in place. Once the paramedics arrive determination that as non-professionals (paramedics, physicians) is not within our guidelines to withhold life saving measures. Once the paramedics arrive they may withhold . . . . and honor the . . . . . Guidance was provided regarding hospice residents

In an interview on . . . . . at approximately 5 PM with the administrator who stated there was some . . . . . and the policy needed to be revised.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on menu review and interview the facility failed to ensure menus to be served were dated and kept for 6 months.

Finding:

Review of the facility's menu's revealed that there were no dated menus available for review for . . . . . .

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During an interview with the Dietary Manager on at approximately 1:30 PM he stated he could not locate the dated menus for through

Class

0167-Resident Contracts 58A-5.025 FAC
Based on record review and interview the facility failed to ensure the resident contract for 1 of 2 sampled records (#1), contained all the required components.

Findings:

Resident record review on for residents #1 revealed the contract did not contain a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change.

In an interview on at approximately 5 PM with the administrator who stated the contracts were updated and the contract for resident #1 was overlooked.

Class

N278-LNS - Records 58A-5.031(3) FAC
Based on observations, interview and record review the facility failed to ensure complete nursing progress notes per 58A-5.0131 F.A.C. were maintained for 1 resident in a sample of 5, who received limited nursing services (LNS)

Findings:

During the facility entrance interview on at approximately 9:15 AM resident #1 was identified as receiving LNS for the application and removal of

Observations during the facility tour on at approximately 10 AM, noted resident #1 was in his . An concentrator was near his bed. He was not using the at that time. In an interview on with resident #1, who stated that nurses put on his and made sure it was OK.

Resident record review that included nursing progress notes revealed a healthcare provider's order that indicated LNS for at 2 liters per minute via nasal cannula at night and as needed during the day. Continued review revealed the nursing progress notes

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indicated that the setting and the tubing were checked; if the concentrator was switched to portable; if the resident had and if cannula was placed corrected or adjusted and if water was added to the concentrator and the shift and signature of the nurse. Continued review noted the notes did not indicate the time of day the was put, or if the resident experienced that required the to be used as needed, the general status of the resident's health; any deviations; any contact with the resident's physician.

In an interview on at approximately 5 PM with the Wellness Director who validated the findings and states the nurse' notes needed to be more explanatory.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: Biennial relicensure w/LNS

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 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 .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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