

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/15/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965225	(X3) DATE SURVEY COMPLETED 04/07/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A complaint investigation CCR#2015000387 was conducted on 4/7/15. Golden Pond Communities had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 15, 2015

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

RE: CCR #2015000387

Dear Administrator:

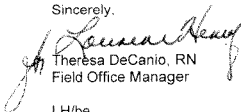
This letter reports the findings of a complaint survey completed on April 7, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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

BJK 1

