

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965225	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 4/21/2015
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Name of Facility

GOLDEN POND COMMUNITIES

Street Address, City, State, Zip Code

400 LAKEVIEW ROAD
WINTER GARDEN, FL 34787

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0010	Correction Completed 04/21/2015	ID Prefix A0076	Correction Completed 04/21/2015	ID Prefix A0093	Correction Completed 04/21/2015
Reg. # 429.26(1&9) FS: 58A-5.018		Reg. # 58A-5.0186 FAC		Reg. # 58A-5.020(2) FAC	
LSC		LSC		LSC	
ID Prefix A0167	Correction Completed 04/21/2015	ID Prefix AN278	Correction Completed 04/21/2015	ID Prefix	Correction Completed
Reg. # 58A-5.025 FAC		Reg. # 58A-5.031(3) FAC		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

State Agency

Sherry J. Deane

Date:

Signature of Surveyor:

Date:

Reviewed By

CMS RO

Followup to Survey Completed on:

2/9/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 30, 2015

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

RE: Revisit to Biennial relicensure w/LNS

Dear Administrator:

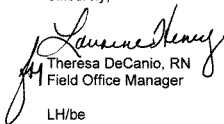
This letter reports the findings of a state licensure survey revisit conducted on April 21, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

LH/be
Enclosure

DT9D

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