STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965225	**05/29/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0008 Continued From page 1

In an interview on at approximately 3:30 PM, the director of nursing stated the 1823 was not completed.

2. Record review revealed an 1823 dated for resident #2 that indicated a diagnosis of The resident was on hospice care.

Review of facility notes dated revealed there was an open area to right hip. There was no documentation to review that indicated an 1823 was completed when the resident had a significant change.
In an interview on at approximately 3:45 PM, the administrator stated the 1823s were not completed.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed to ensure a proactive management plan in place to prevent injury, provide adequate supervision to prevent with injury and provided medical intervention for the injury timely for a , that resulted in the decline of a resident for 1 of 4 sampled residents (#1). The facility also failed to document significant changes for 2 of 4 sampled residents (#1 & 3).

Findings:

1. Resident #1's record review revealed an Assisted Living Facility Health Assessment Form (1823) dated and updated on that indicated diagnoses of spinal , low back pain, , questionable and . The resident could not walk, and needed precautions. The resident need assistance with ambulation, bathing, dressing, toileting and transferring and supervision when eating.
Review of the facility notes revealed:
at 1:40 AM - Resident was found on the floor on his knees and stated he Did not know what happened. No injury.
at 12 AM - Resident observed on floor in his Did not know what happened. No injury
at 9:45 AM - Resident observed on floor on front patio. No injury.
at 7:10 AM - Observed on sitting on floor. No injury. Resident alert and
at 4:50 PM - Found on floor lying on side. Complained of and stated, "he hit his head pretty bad". Sent to the hospital by 911.
at 9:15 PM - Returned to facility status post with head injury.
- Resident , found sitting on the floor near the toilet bowl. No injuries.
at 2 PM - Resident noted on his knees next to his bed, stated he was trying to transfer to the wheelchair. In no acute distress.
- Resident moved from the Assisted Living Facility to Memory Care Unit.
at 1 PM - Resident was observed on the floor sitting, stated he was getting into bed. No injury.
at 9:45 PM - Resident was observed sitting on the floor next to his bed. not responding, 911 call and sent out to hospital.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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GOLDEN POND COMMUNITIES	**400 LAKEVIEW ROAD WINTER GARDEN, FL 34787**	

SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

Complaint Investigation #2015001522 was conducted on and Golden Pond Communities had deficiencies found at the time of the visit.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record review and interview, the facility failed to ensure residents were appropriate for admission to the facility for 1 of 4 sampled residents (#2).

Findings:

Resident #2's record review revealed an Assisted Living Facility Health Assessment Form (1823) dated that indicated a diagnosis of The 1823 indicated the resident needed 24 hour nursing care. There was no documentation to review that indicated the facility had contacted the physician upon admission for further information on the 1823.

In an interview on at approximately 3:45 PM, the administrator stated the resident did not need 24 hour nursing care and the 1823 was not updated.

Class III

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure Assisted Living Facility Health Assessment Forms (1823) were completed upon significant change for 2 of 4 sampled resident records (#1 & 2).

Findings:

1. Record review revealed an Assisted Living Facility Health Assessment Form (1823) dated and updated on for resident #1 that indicated diagnoses of spinal , low back pain, questionable and

Review of facility notes revealed:
at 9:45 PM - Resident was observed sitting on the floor next to his bed. not responding, 911 was called and he was sent out to hospital.
at 2 PM - Returned to the facility with a on for 6 weeks.

Record review revealed there was no documentation to review that indicated an 1823 was completed when the resident was hospitalized after a significant change.

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SUMMARY STATEMENT OF DEFICIENCIES
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0025 Continued From page 3

Hospital Nursing Assessment revealed "Skin color to right thigh has yellowish discoloration. Right hip has substantial noted. The skin is intact. There is pain and noted over the right hip and iliac crest. A large area of (black & blue area) is noted over the right hip and iliac crest. There is pain and noted over the right hip, iliac crest and right anterior thigh. The resident was alert and oriented x 3.

The Triage note read, "Onset of symptoms was about one day ago. Sent from the Assisted Living Facility with a femur Per Emergency Medical Service the facility was unsure of when the patient 'broke' his right femur."

Hospital Social History indicated "The resident did not walk, was wheelchair bound."

Physical Exam read, "No open areas on the skin were noted."

There was no documentation to review that indicated a proactive plan was put in place to prevent with injuries. The facility did not provide adequate supervision to prevent with injury or provide medical intervention in a timely manner, when the resident was complaining of pain. The facility was unable to determine how the resident obtained the of the femur.

In an interview on at 3:15 PM with the administrator, who was the previous director of nursing, she stated resident #1 had syncopal episodes with his was unresponsive, sent out and came back on complained of pain and was given. She said he complained of pain often. On at 2 PM, he complained of pain in the leg and given good effect, his vitals were good. On facility notes were not found. On , she said the resident complained of pain to leg, was given, and was noted to right knee. Pulse was present and he could move right leg. On they got an order for an x-ray. She said Adult Protective Services investigated the incident. She said, "We interviewed staff, he was never on the floor, before the We did not write down the interviews and investigation. He had it was not abnormal for him to complain of pain. The seemed to be effective. He complained of the pain after he came back from the hospital. When he was on the ALF side, he used the walker. The family got him a wheelchair and he self-propelled in the wheelchair. He had physical for a while. He had some on the ALF side. The staff checked on him at one time and we had him on 30 minute checks. He started having behaviors in the dining we moved him to memory care."

2. Record review for resident #3 revealed that on at 4:20 PM, "Called by CNA (certified nursing assistant) into resident apartment. Observed resident lying supine position on the floor next to bed. The bed at lowest position and side rails up no visible injury noted, resident complained of head and neck pain of 5 on a scale of 0-10. 911 activated, neck kept immobilized. Vitals were taken, resident was sent out to hospital for evaluation. Son and Director of Nursing made aware. Further record review revealed there was no written Documentation that the Health care provider was made of aware of the hospital visit."

During an interview with the Resident Care Director on at approximately 4 PM, she stated the health care provider was contacted but it was not written.

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0025 Continued From page 2

at 2 PM - Returned to the facility with a on for 6 weeks.
at 2:45 PM - Resident was observed lying on his no pain noted.
at 3:30 PM - complained of left sided pain. X-ray ordered and taken of left , pelvis and hip.
- X-ray results negative.
at 8 AM - Nurse was called to the Memory Care unit, resident was at dining table in wheelchair. He was unresponsive to touch or verbal commands. Resident was breathing normally. 911 was called and he was taken to the hospital. There was no documentation that the healthcare provider was notified.
at 3 PM - The resident returned from the hospital, alert and oriented in wheelchair interacting with residents.
11:45 PM 650 milligrams was given for pain and was effective.
at 2 PM - Resident was up in wheelchair, complained of leg pain, and was given at 10 AM with good effect, fluids encouraged, will continue to monitor.
at 5 PM - Resident alert with some Able to let needs be known. Complained of pain to right leg, has noted to leg, area warm to touch. administered as ordered. Self-propels in wheelchair, interacting with other residents will continue to monitor.
at 10 PM - Resident complained of pain in leg. administered. noted to right knee. pulse present, resident able to move his right leg. Name mentioned made aware and she will follow up in AM. Will continue to monitor.
at 10 AM - Received verbal order to get x-ray of the right pelvis, right hip and right leg (femur). Resident given for pain at 9 AM.
at 12 PM - X-ray called to add right knee and right for x-rays. Resident is having pain and to right knee.
at 3 AM - Still waiting for x-ray results. Resident complained of pain to right hip and pelvis noticed, as needed meds given to help, ineffective.
at 8:15 AM - Received x-ray results positive for and positive hip Physician and family notified.
at 8:25 AM - resident taken to hospital. The resident did not return to the facility.
- The resident was moved to a long term care facility and did not return to the facility.

X-ray taken on revealed "acute right The osseous structures are diffusely Pelvis and Hip, femur right X-rays. and no

Hospital Emergency Department Chart stated the resident arrived on at 9:08 AM. Patient Problems included "Suspect a syncopal episode, compression of the spine, mild Appears in moderate distress." History included, "The onset of the presenting problem started day(s) ago. It is unclear when the presenting problem started. The Assisted Living Facility (ALF) is reported (resident) to have but this was not witnessed and it is unclear as to when he may have The family member visited the resident on and at that point the patient was complaining of hip and knee pain. Because of the continuing pain, the resident was sent to the Emergency Department today for further evaluation."

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SUMMARY STATEMENT OF DEFICIENCIES
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0025 Continued From page 4

Class II

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to ensure an adverse incident report was submitted within one business day when a resident had a of undetermined origin, for 1 of 4 sampled residents (#1).

Findings:

Resident #1's record revealed an Assisted Living Facility Health Assessment Form (1823) dated and updated on that indicated diagnoses of spinal low back pain, questionable and The resident could not walk and needed precautions. The resident need assistance with ambulation, bathing, dressing, toileting and transferring and supervision when eating.

Review of the facility notes revealed:
at 8 AM - Nurse was called to the Memory Care unit, resident was at dining table in wheelchair. He was unresponsive to touch or verbal commands. Resident was breathing normally. 911 was called and he was taken to the hospital. There was no documentation that the healthcare provider was notified.
at 3 PM - The resident returned from the hospital, alert and oriented in wheelchair interacting with residents.
11:45 PM 650 milligrams was given for pain and was effective.
at 2 PM - Resident was up in wheelchair, complained of leg pain, and was given at 10 AM with good effect, fluid were encouraged, will continue to monitor.
at 5 PM Resident alert with some Able to let needs be known. Complained of pain to right leg, has noted to leg, area warm to touch. administered as ordered. Self-propels in wheelchair, interacting with other residents. Will continue to monitor.
at 10 PM - Resident complained of pain in leg. administered. noted to right knee, pulse present, resident able to move his right leg. Nurse made aware and she will follow up in AM. Will continue to monitor.
at 10 AM - Received verbal order to get x-ray of the right pelvis, right hip and right leg (femur). Resident given for pain at 9 AM.
12 PM - X-ray called to add right knee and right for x-rays. Resident is having pain and to right knee.
at 3 AM - Still waiting for x-ray results. Resident complained of pain to right hip and pelvis are notice, as needed meds given to help, ineffective.
at 8:15 AM - Received x-ray results received
at 8:25 AM - resident taken to hospital.

X-ray done on revealed "Acute right The osseous structures are diffusely Pelvis and Hip, femur right x-ray. and no

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SUMMARY STATEMENT OF DEFICIENCIES
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0165 Continued From page 5

Hospital Emergency Department Chart stated arrival on [redacted] at 9:08 AM. Patient Problems included, "Suspect a syncopal episode, [redacted] compression [redacted] of the [redacted] spine, [redacted], mild [redacted] Appears in moderate distress." History included, "The onset of the presenting problem started day(s) ago. It is unclear when the presenting problem started. The Assisted Living Facility (ALF) is reported (the resident) to have [redacted] but this was not witnessed and it is unclear as to when he may have [redacted] The family member visited the resident on [redacted] and at that point the patient was complaining of hip and knee pain. Because of the continuing pain, the resident was sent to the Emergency Department today for further evaluation."

There was no documentation to review that indicated an Adverse Incident Report was submitted in one day when a resident had a [redacted] of undetermined origin.

In an interview on [redacted] at 3:15 PM, the administrator, who was the previous director of nursing, stated, "We interviewed staff. He was never on the floor before the [redacted] The causes of the [redacted] was undetermined."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Golden Pond Communities
400 Lakeview Road
Winter Garden, FL 34787
Attention: Doris Hanna

Dear .... Hanna:

This letter reports the findings of a complaint CCR#2015001522 inspection survey conducted on by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) by ....

The inspection resulted in findings of non-compliance in the following areas:

1) A - 0025 - Resident Care - Class II
The Assisted Living facility failed to ensure a proactive ... management plan was in place to prevent injury, provide adequate supervision to prevent ... with injury and provided medical intervention for injury timely for a ..... that resulted in the decline of a resident and failed to document significant changes.

Directed Corrective Actions:

1. Your facility must retrain all of the facility staff on proper procedures to follow when they are taking care of a resident who frequently ... and has a history of .... The training should instruct staff to timely report to licensed staff if a resident is complaining of pain. This is critical if the staff is aware the resident had a recent .... Staff must be trained to ask the resident how the ... occurred if they remember and if they hit their head. Staff should be trained to make sure the resident is receiving medical attention in a timely manner. A roster of staff attending this training and written verification of the training and training materials must be available for AHCA staff to review. This must be completed by ....

2. Staff must be re-trained to document when there is a significant change in a resident's condition. The resident's physician as well as the family are to be notified. This must be documented in the resident's record. A roster of staff attending this training and written verification of the training and training materials must be available for AHCA staff to review. This must be completed by

Orlando Field Office
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Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
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Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

Golden Pond Communities
, 2015

3. The facility must create a policy or update the policy in place to have disciplines have a discussion when there is a resident that has frequent and/or a history of to discuss what precautions are in place. The type of interventions/approaches that are in place should also be discussed. The plan for the resident should be updated on an as needed basis. This must be completed by .

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact Lorraine Henry of the Orlando Office, at (407) 420-2502. ,

Sincerely,

Theresa DeCanio
Field Office Manager

D7JR

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

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

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

RE: CCR #2015001522

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. **Please forward documentation of correction to the Field Office.** 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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