

9/18/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11965225(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
9/17/2015

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 A0007	Correction Completed 09/17/2015	ID Prefix A0008	Correction Completed 09/17/2015	ID Prefix A0025	Correction Completed 09/17/2015
Reg. # 429.26(11) FS: 58A-5.0181(	0007	Reg. # 429.26(4-6) FS: 58A-5.0181	0008	Reg. # 429.26(7) FS: 58A-5.0182(1	0025
LSC		LSC		LSC	
ID Prefix A0165	Correction Completed 09/17/2015	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # 429.23(1-4 & 6-10) FS: 58A	0165	Reg. #	7777	Reg. #	7777
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #	7777	Reg. #	7777	Reg. #	7777
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #	7777	Reg. #	7777	Reg. #	7777
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #	7777	Reg. #	7777	Reg. #	7777
LSC		LSC		LSC	

Reviewed By

Reviewed By

Date: 9/18/15

Signature of Surveyor:

Date:

State Agency

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Survey Completed on:

5/29/2015

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

September 18, 2015

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

RE: Revisit to #2015001522

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey revisit conducted on September 17, 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.

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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone: (407) 420-2502; Fax: (407) 245-0998
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida