

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/04/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965225	(X3) DATE SURVEY COMPLETED R 07/25/2017
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

Revisit to complaint investigations #2016000369 was conducted on 7/24/17 and 7/25/17. In addition, the Change of Ownership Survey including Limited Nursing Services, revisits to a 6-month licensure survey and complaint investigations #2015009103, #2015007905, #20150013342 were conducted on the same dates. Golden Pond Communities Assisted Living Facility, License #9626, corrected the deficiency pertaining to complaint investigation #2016000369 at the time of the visit.