STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965225	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 investigation #2015007905 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 #2016000369 #2015009103, #20150013342 were conducted on the same dates. Golden Pond Communities Assisted Living Facility, License #9626, corrected the deficiencies pertaining to this revisit at the time of the visit.