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

A revisit to a complaint investigation (2015009103) was conducted in conjunction with a Change of Ownership (CHOW) Survey with Limited Nursing Services, a revisit to a 6 month licensure survey, and a revisit to complaint investigations (2015007905, 13342) (2016000369.) Golden Pond Communities, license #9626, had no deficiencies at the time of the revisit. However, deficient practice was identified related to the CHOW survey and the revisit to 20150013342.