

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965225	(X3) DATE SURVEY COMPLETED R 09/27/2017
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 the Change of Owner (CHOW) survey was conducted on 9/27/17. In addition, revisits to and to the 6 month survey and complaint investigation # 20150013342 were conducted on the same date. Golden Pond Communities license # 12731 had no deficiencies found at the time of the visit.