STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965225	08/07/2018
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 Complaint Investigation 2018006840 was conducted on and . Golden Pond Communities, license #9626, had a deficiency at the time of the investigation.

0168 - Resident Refund Policy - 429.24(3)(a) FS

Based on record reviews and interviews, the facility failed to issue a full refund to 1 of 3 sampled residents (#1) and failed to issue a refund within 45 days after discharge for 2 of 3 sampled residents (#1 and 9).

Findings:

Resident #1's record contained a facility admission date of and a discharge date of . A notice of rate increase, dated , indicated the resident's monthly rate would increase to $4,280.00 on .

Facility refund documents revealed that on the facility issued a refund for resident #1 for $2,282.00 however; the daily rate for 2017 was $138.06, which meant the refund should have been $2,347.10. There was no documentation to indicate the facility made a claim against a portion of the refund. In addition, the refund was not issued within 45 days after discharge.

On at 11:45 a.m., the administrator and business office manager both confirmed the findings and said the facility did not make a claim against resident #1's refund. An opportunity was given for the administrator to provide additional documentation however; she said the facility had no additional documentation.

Resident #9's record contained a facility admission date of and a discharge date of . A residency agreement, dated , indicated the monthly rate was $3,950.00 and on a refund for $2,279.03 was issued, which was greater than 45 days after discharge.

On at 12 p.m., the administrator confirmed the findings.

Class III