

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965225	(X3) DATE SURVEY COMPLETED R 10/31/2018
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 revisit to complaint investigation #2018006858 was conducted on Golden Pond Communities Assisted Living Facility, License# 9626 had deficiencies at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 429.256(3-4); 58A-5.0185 (3)

DEFICIENCY REMAINED UNCORRECTED

Based on observations and interview, the facility failed to ensure when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times.

Findings:

Observations on at 9:30 AM, staff C was observed doing a medication pass. She removed the medication from the cart and followed the appropriate procedures while being observed.

On at 10:15 AM, observations revealed staff C was located in the front common area of building 404 with the medication the cart, she was observed removing pills from their containers placing them in a small cup.

Staff C was not aware that the agency staff was present and observing her.

Staff C went to the sofa in the common area where Resident#8 was sitting with the pills in the cup and a cup water and began to hand them to resident. When staff C became aware that the agency staff was observing her she brought the cup back from the resident, as resident #8 continued to reach for the cup, staff C decided to hand it to her to take the pills.

Staff C was informed at the time that that she did not follow the proper procedures as she had earlier when she knew she was being observed. She was informed that the same procedure was required to be done when she was not being observed.

Staff C did not in the presence of the resident, read the label aloud, open the container, remove the prescribed amount of medication from the container and provide it to the resident. Staff C said at the time she had reviewed the Medication Observation Record (MOR) to make sure she was giving her the correct medications. Staff C said at the time she did not read the label aloud to the resident and then

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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remove the medications and provide them to the resident. Class III		