

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/30/2018
FORM APPROVED

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 #2018008090 was conducted on 10/31/18. Golden Pond Communities Assisted Living Facility, License# 9626 had no deficiencies at the time of the visit.