

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965225	(X3) DATE SURVEY COMPLETED 11/27/2018
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

An annual monitoring visit was conducted on 11/27/18. Golden Pond Communities Assisted Living Facility License #9626 had a deficiency at the time of the visit and was cited on aspen event id #634211.