STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965225	**01/16/2019**
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

The re-licensure survey was conducted on . . . . . Golden Pond Communities Assisted Living Facility with Limited Nursing Services (LNS), License #9626 had deficiencies at the time of the visit.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on interviews and record review, the facility failed to follow its grievance procedure when the family member of 1 of 10 sampled residents (#11) presented complaints.

Findings:

On . . . at 11 a.m. resident #11's family member said there had been multiple occasions in which the resident's clothes were missing, she addressed this concern with staff, and nothing was done about it.

On at 11:25 a.m. the memory care manager said resident #11's family member told her on more than one occasion of missing clothing. She said when she received the complaints the staff searched every closet but were unable to locate the items and she called the family member to follow up.

Review of the facility's grievance procedure and log on at 12 p.m. revealed there was no documentation regarding the family member's complaints. The procedure indicated a complaint would be documented on the facility grievance report and listed on the tracking log. Additionally, the grievance report contained an option for the housekeeping/laundry department.

On . . . . at 12:40 p.m. the administrator confirmed the findings and said he did not feel the complaints constituted filing a formal grievance.

Photographic evidence obtained.

Class III

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on personnel record reviews and interview, the facility failed to ensure that 1 of 5 sampled staff (E) received the required in-service trainings within 30 days of hire.

Findings:

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Nurse E was hired on ... in the capacity of the registered nurse for the facility's Limited Nursing Service (LNS) license.

Nurse E's personnel record contained two certificates of training, each one dated , on the topics of resident elopement response policies and procedures and facility emergency procedures including chain of command however, the certificates contained the training location of another facility.

On at 4 p.m. the administrator confirmed the findings and said although the facility on the certificates was associated with this facility, the policies and procedures regarding resident elopement and facility emergency procedures were not the same for both facilities.

Photographic evidence obtained.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on personnel record reviews and interview, the facility failed to ensure 1 of 5 direct care staff (E) received at least one hour of training in the facility's policy and procedures regarding ( ) that included information in Rule 58A-5.0186, F.A.C.

Findings:

Nurse E was hired on in the capacity of the registered nurse for the facility's Limited Nursing Service (LNS) license.

Nurse E's personnel record contained a certificate of training, dated , on the topic of a ( ) however, the certificate contained the training location of another facility.

On at 4 p.m. the administrator confirmed the findings and said although the facility on the certificate was associated with this facility, the policies and procedures regarding a were not the same for both facilities.

Photographic evidence obtained.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on the Background Screening (BGS) Clearinghouse website, personnel record review and interview, the facility failed to maintain and register on the employee roster 1 of 6 sampled staff (E) within 10 business days from employment status as required pursuant to 435.12(2)(b-d), Florida Statutes.

Findings:

Nurse E's personnel record review revealed hire date . . . . and has a Level 2 BGS eligibility date . . . . .

On . . . . at 10:30 PM, the BGS Clearinghouse website for the employee roster reviewed and revealing that Nurse E was not registered on the roster as required within 10 business days from hire. (Photographic evidence obtained)

On . . . . at 3:37 PM, an interview with the Business Office Manager and Nurse E who confirmed the finding.

Unclassified