

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 03/22/2019  
FORM APPROVED

|                                                                    |                                                                                               |                                                           |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11965225</b>                   | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>03/05/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GOLDEN POND COMMUNITIES</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>400 LAKEVIEW ROAD<br/>WINTER GARDEN, FL 34787</b> |                                                           |

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

**0000 - Initial Comments**

A revisit to the re-licensure survey was conducted on . . . . . Golden Pond Communities, license #9626, had a deficiency at the time of the visit.

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

**DEFICIENCY REMAINED UNCORRECTED**

Based on personnel record reviews and interview, the facility failed to ensure 3 of 4 direct care staff (F, G, and H) 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:**

**1. Caregiver F was hired on . . . . .**

Caregiver F's personnel record contained a 1-hour certificate of training on . . . . ., dated . . . . ., from an online provider. The agenda on the certificate did not indicate that the caregiver received training in the facility's policy and procedures regarding . . . . .

**2. Caregiver G was hired on . . . . .**

Caregiver G's personnel record contained a 1-hour certificate of training on . . . . ., dated . . . . ., from an online provider. The agenda on the certificate did not indicate that the caregiver received training in the facility's policy and procedures regarding . . . . . Additionally, the record contained a signed facility . . . . . policy, dated . . . . . however, the document did not indicate that at least 1-hour of training was given.

**3. Caregiver H was hired on . . . . .**

Caregiver H's personnel record contained a 1-hour certificate of training on . . . . ., dated . . . . ., from an online provider. The agenda on the certificate did not indicate that the caregiver received training in the facility's policy and procedures regarding . . . . . Additionally, the record contained a signed facility . . . . . policy, dated . . . . . however, the document did not indicate that at least 1-hour of training was given.

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| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                   |                                                                                               |                                                          |
| <p>On ..... at 11:15 a.m. the business office manager confirmed the findings.</p> <p>Photographic evidence obtained.</p> <p>Class III</p> |                                                                                               |                                                          |