Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965225	A. BUILDING: _____ B. WING _____	R 06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN POND COMMUNITIES	402 LAKEVIEW ROAD WINTER GARDEN, FL 34787

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A revisit to a Complaint Investigation #2026005234 was conducted at Golden Pond Communities Assisted Living and Memory Care with Limited Nursing Services (LNS) on . One deficiency remained uncorrected and a new deficiency found at the time of the survey visit.	{A 000}		
{A 152} SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the	{A 152}		

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{A 152}	Continued From page 1	{A 152}		

event of an emergency.
(d) Residents who use portable bedside commodes must be provided with privacy during use.
(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be .

This Statute or Rule is not met as evidenced by:
DEFICIENCY REMAINED UNCORRECTED

Based on observation and interview, the facility failed to permanently repair the Air Conditioning (A/C) HVAC system for building #1 (402) as required for apartments from the first visit on and have not been working since (last year).

Findings:

1. An observation on at 10:35 AM, Resident #2's apartment's temperature thermostat was set at 72 degrees, but room felt a lot warmer than 72 degrees. Checked the apartment temperature with the agency issued hygrometer registered at 79.8 degrees in the apartment. The apartment's thermostat was not working properly.

Resident #2 said that they came and fixed her A/C halfway, it is no longer frigid and freezing (under the regulated threshold at 68 degrees on previously. She said now sometimes it gets a little warmer because of the high humidity heat outside and she will have to open her front door to apartment to get some cool A/C air from the hallway at times. Resident #2 further explained that she should not have to open her

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{A 152}	Continued From page 2 front door to her apartment to cool her apartment down. This would be open for other residents to potentially enter the apartment un-invited. She stated that she just wants them to fix it correctly and opted not to have a window A/C unit. Resident #2 explained that she has never seen any commercial A/C company in uniform come to the facility to fix the A/C, she thinks it is the owners are attempting to fix the A/C but not working. She said that she received a discount on her monthly rate to live at the facility until the A/C is fixed. 2. An observation on at 2 PM, Resident #3's apartment's thermostat was broken and not attached to the wall. The facility placed a window A/C unit in the bedroom for cool air. Resident #3 stated that he and wife were grateful for the window A/C in the bedroom, but they still must use two fans for cool air to circulate in the common living room area where they watch their television shows. Resident #3 also said that the window A/C unit was only for air conditioning not for heat for the winter months. He said that he was not worried about that now because it was summer and they purchased a small heater when it comes to that time for needing heat in the apartment. 3. An observation on at 1:50 PM, Resident #4's apartment's thermostat was not working, it was off with a blank screen. The facility placed a window A/C unit in her kitchenette area of her apartment. Resident #4 said that she was okay with the window A/C unit and it was better than the temporary portable A/C unit she had before. She	{A 152}		

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{A 152}	Continued From page 3 had no complaints and said that the facility was slowly getting the A/C situation fixed. 4. An observation on at 1:55 PM, Resident #6's apartment's thermostat was not working either, it was off with a blank screen. The facility placed a window A/C unit in her bedroom and Resident #6 said that she had no concerns, and she knew the facility was working on the issue. On at 2:20 PM, an interview with the Administrator confirmed the findings. She also said that the facility does not currently have a Maintenance Director and that the previous Maintenance Director had resigned on and she was not aware that he had not completed and not communicated with corporate office about the A/C concerns for building 402. The Administrator said that she will speak with corporate office and will try to get this done as soon as possible. (Photographic Evidence Obtained) Class III	{A 152}		
A 160 SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or	A 160		

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A 160	Continued From page 4 other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's	A 160		

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A 160	Continued From page 5 contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices;	A 160		

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A 160	Continued From page 6 (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on review of the facility's documentation and interview, the facility failed to obtain a satisfactory fire safety inspection report as required annually by the local authority as required. Findings: A review of the last fire safety inspection report dated , with a re-inspection date for the corrections. The inspection report revealed 4 failed codes violations. On at 11:30 AM, the Fire Marshal and the Fire Inspector came to the facility to see if the corrections were made. The Fire Inspector stated that none of the violations had been completed and the fire inspection report remained in failed status. Furthermore, the Fire Marshal explained that these Assisted Living and Memory Care buildings were not in compliance with an Emergency Response System (ERS) in these buildings that were a mandated fire code regulation for a couple of years now. The Fire Marshal further said that the Independent Living building was the only building on the campus that was compliant with this mandate.	A 160		

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A 160	Continued From page 7 On at 2:20 PM, an interview with the Administrator confirmed the findings. She also said that the facility does not currently have a Maintenance Director he had resigned on . The Administrator further stated that she was not aware that the Maintenance Director did not work on the corrections for the fire safety inspection report. (Photographic Evidence Obtained) Class III	A 160		