| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11911900 | 09/30/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Bear Lake Retirement Home | 1525 Bear Lake Road Apopka, FL 32703 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D

**Specific Tag Findings:**
0000-Initial Comments
Complaint inspection CCR# 2014006702 was conducted on Bear Lake Retirement had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interview the facility failed to ensure the AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010 was completed when the 1 of 3 sampled residents (#1) had a change in condition.

Findings:

Resident record review for resident #1 revealed an Assisted Living Facility Health Assessment Form (1823) updated on that noted diagnoses of Parkinson's and . The resident was independent with ambulation, and needed assistance with bathing, dressing, eating, and toileting.

Record review revealed on the resident was admitted to Hospice.

There was no documentation to review to indicate the facility had a new 1823 completed when the resident had a change in condition.

In an interview with the administrator on at approximately 1 PM who stated a new 1823 was not completed when the resident was admitted to Hospice.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and interview the facility failed to ensure weights were not recorded every 6 months for 1 of 3 sampled residents (#2) who needed assistance with activities of daily living.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11911900 | 09/30/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Bear Lake Retirement Home** | **1525 Bear Lake Road Apopka, FL 32703** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

Findings:

Resident record review for resident #2 revealed an Assisted Living Facility Health Assessment Form (1823) updated on [redacted] that noted diagnoses of [redacted]. The resident needed assistance with all activities of daily living.

Review of resident weights revealed:
[redacted] 2012 - 113 pounds
[redacted] 2013 - none
[redacted] 2013 - 110 pounds
[redacted] 2013 - 108

There was no documentation of weights in 2014.

In an interview with the administrator on [redacted] at approximately 1 PM who stated the resident was not able to stand on a scale to be weighed.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC
Based on record review and interview the facility failed to ensure a copy of the staff schedule was available for review.

Findings:

Record review revealed there was no staff schedule available for review.

In an interview with the administrator on [redacted] at 10 AM stated she did not have the schedule, it was on the computer and she did not have access to it.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Bear Lake Retirement Home
1525 Bear Lake Road
Apopka, FL 32703

**RE: CCR #2014006702**

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on , 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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