

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911900	(X3) DATE SURVEY COMPLETED 09/30/2014
NAME OF PROVIDER OR SUPPLIER Bear Lake Retirement Home	STREET ADDRESS, CITY, STATE, ZIP CODE 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: AL11911900	(X3) DATE SURVEY COMPLETED 09/30/2014
NAME OF PROVIDER OR SUPPLIER Bear Lake Retirement Home	STREET ADDRESS, CITY, STATE, ZIP CODE 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 _____ that noted diagnoses of _____. The resident needed assistance with all activities of daily living.

Review of resident weights revealed:

- _____ 2012 - 113 pounds
- _____ 2013 - none
- _____ 2013 - 110 pounds
- _____ 2013 - 108

There was no documentation of weights in 2014.

In an interview with the administrator on _____ 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 _____ 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 DUKE
SECRETARY

, 2014

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

RE: CCR #2014006702

Dear Administrator:

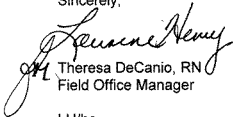
This letter reports the findings of a state licensure complaint investigation survey that was conducted on , 2014 by representative(s) of this office.

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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone: (407) 420-2502; Fax: (407) 245-0998
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida