

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911900	(X3) DATE SURVEY COMPLETED 12/08/2014
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)		

Revisit Corrected Tags:

0010-Admissions - Continued Residency-12/08/2014

0025-Resident Care - Supervision-12/08/2014

0079-Staffing Standards - Levels-12/08/2014

Specific Tag Findings:

0000-Initial Comments

The revisit to CCR#2014006702 was conducted on 12/9/14. Bear Lake Retirement Home had no deficiencies found at the revisit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 10, 2014

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

RE: Revisit to CCR#2014006702

Dear Administrator:

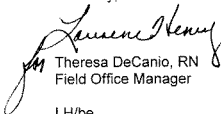
This letter reports the findings of a state licensure complaint investigation survey revisit conducted on December 8, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 (407) 420-2502.

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