

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11911900

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
6/24/2015

Name of Facility

BEAR LAKE RETIREMENT HOME

Street Address, City, State, Zip Code

1525 BEAR LAKE ROAD
APOPKA, FL 32703

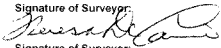
This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form)

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0008	Correction Completed 06/24/2015	ID Prefix A0025	Correction Completed 06/24/2015	ID Prefix A0030	Correction Completed 06/24/2015
Reg. # 429.26(4-6) FS: 58A-5.0181 LSC		Reg. # 429.26(7) FS: 58A-5.0182(1) LSC		Reg. # 58A-5.0182(6) FAC: 429.28 LSC	
ID Prefix A0053	Correction Completed 06/24/2015	ID Prefix A0055	Correction Completed 06/24/2015	ID Prefix A0056	Correction Completed 06/24/2015
Reg. # 58A-5.0185(4) FAC LSC		Reg. # 58A-5.0185(6) FAC LSC		Reg. # 58A-5.0185(7) FAC LSC	
ID Prefix A0076	Correction Completed 06/24/2015	ID Prefix A0078	Correction Completed 06/24/2015	ID Prefix A0084	Correction Completed 06/24/2015
Reg. # 58A-5.0186 FAC LSC		Reg. # 58A-5.019(2) FAC LSC		Reg. # 58A-5.0191(5) FAC LSC	
ID Prefix A0085	Correction Completed 06/24/2015	ID Prefix A0162	Correction Completed 06/24/2015	ID Prefix A0167	Correction Completed 06/24/2015
Reg. # 58A-5.0191(6) FAC LSC		Reg. # 58A-5.024(3) FAC LSC		Reg. # 58A-5.025 FAC LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
Reviewed By

Date:
Date:

Signature of Surveyor:

Signature of Surveyor:

Date:
7/10/15
Date:

Followup to Survey Completed on:
4/14/2015

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 6, 2015

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

RE: Revisit to relicensure

Dear Administrator:

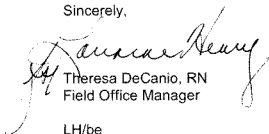
This letter reports the findings of a state licensure survey revisit conducted on June 24, 2015 by representative(s) of this office.

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

D19D

