STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911900	R **05/02/2017**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on 05/02/2017. Bear Lake Retirement Home, License #8413 had no deficiencies at the time of the visit.