

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 02/22/2019  
FORM APPROVED

|                                                                      |                                                                                          |                                                     |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11911900</b>              | (X3) DATE SURVEY COMPLETED<br><br><b>12/21/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BEAR LAKE RETIREMENT HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1525 BEAR LAKE ROAD<br/>APOPKA, FL 32703</b> |                                                     |

SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

An unannounced monitoring visit related to emergency environmental control plan was conducted on 12/21/18. Bear Lake Retirement Home, located in Apopka, Florida had no deficiencies at the time of the visit.