

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/21/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911900	(X3) DATE SURVEY COMPLETED R 06/05/2019
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 second revisit to a biennial survey was conducted at Bear Lake Retirement Home Assisted Living Facility on 6/5/19. Deficiencies were found to be corrected at the time of the survey.