

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11911234</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                       | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>06/25/2024</b>                                                       |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BETHESDA ON TURKEY CREEK</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2800 FORDHAM ROAD, NE<br/>PALM BAY, FL 32905</b> |                                                                                                                          |
| (X4) ID<br>PREFIX<br>TAG                                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG                                                                          | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |
| {CZ830}                                                             | <p>408.821 FS Emergency Management Planning</p> <p>408.821 Emergency management planning; emergency operations; inactive license.-</p> <p>(1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows:</p> <p>(a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan.</p> <p>(b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan.</p> <p>(c) Submit necessary plan revisions within 30 days after notification that plan revisions are required.</p> <p>(d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health.</p> <p>(2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.</p> <p>(3)(a) An inactive license may be issued to a licensee subject to this section when the provider</p> | {CZ830}                                                                                      |                                                                                                                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BETHESDA ON TURKEY CREEK</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2800 FORDHAM ROAD, NE</b><br><b>PALM BAY, FL 32905</b>                       |  |                                                                    |
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| {CZ830}                                                             | <p>Continued From page 1</p> <p>is located in a geographic area in which a state of emergency was declared by the Governor if the provider:</p> <ol style="list-style-type: none"> <li>1. Suffered damage to its operation during the state of emergency.</li> <li>2. Is currently licensed.</li> <li>3. Does not have a provisional license.</li> <li>4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months.</li> </ol> <p>(b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.</p> <p>(4) . . . Licensees providing residential or inpatient services must utilize an online database</p> | {CZ830}                                                                        |                                                                                                                          |  |                                                                    |

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BETHESDA ON TURKEY CREEK**

**2800 FORDHAM ROAD, NE  
PALM BAY, FL 32905**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| {CZ830}                  | Continued From page 2<br><br>approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations.<br><br>This Statute or Rule is not met as evidenced by:<br><b>THE DEFICIENCY REMAINED UNCORRECTED.</b><br><br>Based on record review and interview the facility failed to submit the Emergency Environmental Control Plan (CEMP) for review and approval by the county Emergency Management Agency.<br><br>Findings:<br><br>On ..... at 9:40am the administrator said she was still working on the CEMP. She had been unable to submit it because the fire inspection was not satisfactory. She confirmed she had not submitted the CEMP annually for approval by Emergency Management.<br><br>Unclassified | {CZ830}             |                                                                                                                          |                          |
| {A 000}                  | Initial Comments<br><br>A revisit survey for complaint #2024001984 and 2024005385 was conducted on _____ at Bethesda on Turkey Creek Assisted Living Facility. There were deficiencies identified at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | {A 000}             |                                                                                                                          |                          |
| {A 160}<br>SS=D          | 59A-36.015(1) FAC Records - Facility<br><br>59A-36.015 Records.<br>The facility must maintain required records in a manner that makes such records readily available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | {A 160}             |                                                                                                                          |                          |

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| {A 160}                                                             | <p>Continued From page 3</p> <p>at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request.</p> <p>(1) FACILITY RECORDS. Facility records must include:</p> <p>(a) The facility's license displayed in a conspicuous and public place within the facility.</p> <p>(b) An up-to-date admission and discharge log listing the names of all residents and each resident's:</p> <p>1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a _____; and,</p> <p>2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of _____.</p> <p>(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).</p> <p>(d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff.</p> | {A 160}                                                                        |                                                                                                                          |  |                                                                    |

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| {A 160}                                                             | Continued From page 4<br><br>(e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C.<br>(f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C.<br>(g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C.<br>(h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S.<br>(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C.<br>(j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate.<br>(k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years.<br>(l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years.<br>(m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.<br>(n) The facility's resident elopement response policies and procedures. | {A 160}                                                                        |                                                                                                                          |  |                                                                    |

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|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| {A 160}                  | <p>Continued From page 5</p> <p>(o) The facility's documented resident elopement response drills.</p> <p>(p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.;</p> <p>(q) The facility's ..... prevention policies and procedures;</p> <p>(r) The facility's medication practices;</p> <p>(s) The facility's policy on physical ;</p> <p>(t) The facility's policy on assistive devices;</p> <p>(u) The facility's policy on third-party providers;</p> <p>(v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.;</p> <p>(w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.</p> <p>This Statute or Rule is not met as evidenced by:<br/>DEFICIENCY REMAINED UNCORRECTED</p> <p>Based on record review and interview, the facility failed to maintain an annual satisfactory fire inspection.</p> <p>Finding:</p> <p>A review of the most recent fire inspection dated ..... found the facility continued to have an unsatisfactory inspection due to the following failed areas:<br/>Emergency lights, sprinkler system, ceiling tiles and assemblies.</p> <p>On ..... at 9:45am the Administrator confirmed she could not provide a satisfactory fire inspection.</p> <p>Class III</p> | {A 160}             |                                                                                                                          |                          |

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