

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911234	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/15/2024
NAME OF PROVIDER OR SUPPLIER BETHESDA ON TURKEY CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 2800 FORDHAM ROAD, NE PALM BAY, FL 32905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 000	Initial Comments A complaint investigation #2024012376 and a generator monitoring were conducted on at Bethesda on Turkey Creek Assisted Living Facility. There was a deficiency was identified at the time of the survey.	A 000			
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of _____ or _____ or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such _____ or _____. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making _____, _____, _____ for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	A 025			

AHCA Form 3020-0001

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

TITLE

(X8) DATE

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911234	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/15/2024
NAME OF PROVIDER OR SUPPLIER BETHESDA ON TURKEY CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 2800 FORDHAM ROAD, NE PALM BAY, FL 32905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 025	Continued From page 1 resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, record reviews, and interviews, the facility failed to provide services appropriate to meet the needs of residents by failing to ensure the call system was responded to for 3 of 5 residents sampled (#1, #5 & #8) Findings: 1. A review of resident #1 record revealed she was admitted on _____ and transferred to the hospital on _____. Her record contained a Resident Health Assessment form (1823) dated _____.	A 025			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911234	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/15/2024
---	--	--	--

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 PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 025	Continued From page 2 She required assistance with all activities of daily living except eating for which she was independent. She was alert and oriented. A review of the call bell response time log for resident #1 found: On resident #1 call pendant was activated at 3:51am and deactivated 157 minutes later at 6:28am. On resident #1 call pendant was activated at 6:34am and deactivated 572 minutes later at 4:06pm. On resident #1 call pendant was activated at 5:40pm and deactivated 256 minutes later at 9:57pm. On resident #1 call pendant was activated at 9:03am and deactivated 2811 minutes later on at 7:54am. On resident #1 call pendant was activated at 9:25am and deactivated 624 minutes later at 7:49pm. On resident #1 call pendant was activated at 12:50m and deactivated 215 minutes later at 4:25pm. On resident #1 call pendant was activated at 9:27pm and deactivated 2 minutes later. On resident #1 call pendant was activated at 1:33am and deactivated 266 minutes later at 6am. On resident #1 call pendant was activated at 2:10pm and deactivated 260 minutes later at 6:31pOn pm. On resident #1 call pendant was activated at 6:08am and deactivated 35 minutes later at 6:43am. On resident #1 call pendant was activated at 7:40am and deactivated 47 minutes later at 8:28am. On resident #1 call pendant was	A 025		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911234	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/15/2024
NAME OF PROVIDER OR SUPPLIER BETHESDA ON TURKEY CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 FORDHAM ROAD, NE PALM BAY, FL 32905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 025	Continued From page 3 activated at 9:26am and deactivated 1865 minutes later on at 4:31pm. On resident #1 call pendant was activated at 6:52pm and deactivated 901 minutes later on at 9:54am. On resident #1 call pendant was activated at 2:46pm and deactivated 113 minutes later at 4:40pm. On resident #1 call pendant was activated at 5:36pm and deactivated 66 minutes later at 6:43pm. On resident #1 call pendant was activated at 12:58am and deactivated 226 minutes later at 4:45am. 2. On at 10:40am an interview with resident #5 was conducted. He was observed in the dining room. He was wearing a call pendant around his . He said he does use the pendant for assistance to the restroom, but it takes staff a long time to answer sometimes. He said, "more than an hour last weekend. " A review of resident #5 call bell response log revealed: On resident #5 call pendant was activated at 7:49am and deactivated 13 minutes later at 8:06am. On Sunday resident #5 call pendant was activated at 11:40pm and deactivated 496 minutes later on at 7:57am. 3. On at 1pm an interview with resident #8 was conducted. She said she does use the call bell to get assistance to transfer and use the restroom. They do answer but they often take a long time.	A 025		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911234	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/15/2024
NAME OF PROVIDER OR SUPPLIER BETHESDA ON TURKEY CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 FORDHAM ROAD, NE PALM BAY, FL 32905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 025	Continued From page 4 A review of resident #8 call bell response log revealed: On resident #8 call pendant was activated at 1:22am and deactivated 2692 minutes later on at 10:15pm. On resident #8 call pendant was activated at 2:13pm and deactivated 302 minutes later at 7:16pm. On resident #8 call pendant was activated at 6:07pm and deactivated 1659 minutes later on at 9:46pm. On resident #8 call pendant was activated at 11:07am and deactivated 230 minutes later at 2:57pm. On resident #8 call pendant was activated at 8:07am and deactivated 199 minutes later at 11:27am. On resident #8 call pendant was activated at 12:10am and deactivated 770 minutes later at 1pm. On at 2:30pm the call bell policy was requested from the Administrator. She could not provide one. The Administrator said the internet had been on and off because it was shut off for a breach of something. It had been on and off since 16. This could have affected the call bells. The staff were aware of the internet issue. No alternate form of call bell or increased resident checks were documented. She also said not all the staff have the magnet necessary to turn off the pendants. The staff should be able to hear the call bell when they are doing rounds. She confirmed the finding of long call pendant response times. (Photo Evidence Obtained)	A 025			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911234	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/15/2024
NAME OF PROVIDER OR SUPPLIER BETHESDA ON TURKEY CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 FORDHAM ROAD, NE PALM BAY, FL 32905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 025	Continued From page 5 Class III	A 025			