Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911234	A. BUILDING: _____ B. WING _____	11/03/2025

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 000	Initial Comments A survey for complaint #2025014173 and a generator monitoring were conducted on at Bethesda on Turkey Creek Assisted Living Facility. There were deficiencies identified at the time of the survey.	A 000		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident,	A 010		

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A 010	Continued From page 1 additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must	A 010		

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A 010	Continued From page 2 notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of	A 010		

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A 010	Continued From page 3 care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily	A 010		

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A 010	Continued From page 4 living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to update the Resident Health Assessment (1823) to ensure the appropriateness of continued residency for 1 of 5 residents sampled. (#2) Findings: A review of resident #2's record revealed she was admitted on . Her record contained a Resident Health Assessment form (1823) dated Further review of resident #2's record found she was admitted to hospice care on . Facility notes in her record documented 16 from through . review of the health assessment form 1823 found it did not contain documentation of hospice admission or precautions. On at 2:50 PM Licensed Practical Nurse B confirmed the finding. Class III	A 010		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision	A 025		

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A 025	Continued From page 5 429.26 (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 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	A 025		

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A 025	Continued From page 6 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, interviews, and record reviews, the facility failed to provide adequate supervision and care, and services appropriate to meet the needs of 2 of 5 sampled residents by failing to ensure safety through proactive measures to minimize the potential for and injuries for resident #2 who experienced repeated with injuries. 2) The facility failed to provide appropriate care and services to meet the needs of resident #1 by not following the physician orders. Findings: A review of resident #2's record revealed she sustained 16 between - . Resident #2 was out of the facility, in rehabilitation, at the time of the survey. A review of resident #2's record revealed she was	A 025		

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A 025	Continued From page 7 admitted on . Her record contained a Resident Health Assessment form (1823) dated . Her diagnoses included Obstruction , , , , , and , . The resident was assessed to , and able to follow commands. In addition, she was independent with all activities of daily. The resident needed assistance with self-administration of medication. Resident #2 was admitted to hospice care on . A review of the facility notes found: On at 6:45 AM, resident rolled off the bed. On at 12:54 PM, resident attempted to adjust herself in wheelchair and flung forward out of the wheelchair landing on both . On at 7 AM, resident slid out of bed onto the floor. On at 11:45 PM, resident was found on her bedroom floor. On resident #2 had 4 documented. At 5:30 AM, resident was found asleep on her bedroom floor. She stated her were weak. At 7:05 AM, resident was found on the floor in front of her bathroom. At 8:15 AM, resident slid onto the floor while attempting to transfer from wheelchair to bed. At 10:25 AM, resident while walking unassisted to the bathroom. She hit the center of her . She was transferred to the hospital for	A 025		

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A 025	Continued From page 8 evaluation. On resident #2 was noted to have had 3 . At 5:27 AM, resident was found lying on the ground At 2:37 PM, resident was found lying on the floor by her bedroom door. At 6:40 PM, resident was found on the floor in her bathroom. On at 11:52 AM, resident tripped and in the bathroom. On at 2:30 AM, resident was found on the floor in her bathroom. On a late note was documented for an incident that occurred on at 9:25 PM, resident was observed on the floor. The note documented- resident stated she did hit her . On resident #2 was noted to have had 2 . At 4:45 PM, resident out of bed. Unable to determine if she hit her . At 5:05 PM, resident while ambulating without wheelchair. Resident said she hit her but no visible injury. The note goes on to read still trying to contact POA. On documented at 9:30am - hospice came to evaluate resident. Hospice nurse requested resident be sent to the hospital due to , and unresponsiveness and no . The note also read, "Unable to contact POA. 911 transferred resident to the hospital.	A 025		

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A 025	Continued From page 9 A review of resident #2's hospital records revealed her admitting diagnoses included , , acute failure, and bacteremia. During her hospitalization she was also found to have a . On at 2:50 PM, during an interview with Licensed Practical Nurse (LPN) B, she said the staff did frequent checks on resident #2. They left her door open. They called hospice for assistance, but they did not provide 1:1 supervision. She confirmed the facility did not have documentation of mitigating strategies for resident #2. When the facility was asked for their policy the preventions policy was provided: 1.Ensure all rooms have good lighting. 2.Keep the floor dry. Ensure that when the floor is mopped, the Resident understands no one can walk on the wet floors. Signs are placed that state that the floors are wet. 3.Shower Chair is utilized when the Resident is bathed. 4.Ensure that items that the Resident utilizes are at arm's reach. 5.Ensure that the common areas of the Facility have a clear path at all times. 6.Encourage Family/POA/Guardians to Purchase shoes that have rubber bottoms, are comfortable, fit well and are closed at the .	A 025		

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A 025	Continued From page 10 7.Home Health Aide accompanies the resident and ensures to attend to the Resident according to their needs. 2. Review of resident #1's record found he was admitted on . His record contained a health assessment form 1823 dated . His diagnoses included a left , , , and . The resident required assistance with self-administration of medications. Review of resident #1's medications ordered upon discharge from the rehabilitation center to the assisted living facility found the following medications were ordered: 20mg daily, 3.125mg twice daily, 5mg daily, 750mg 2 tablets twice daily, 100mg daily, 0.4mg at bed time, 0.083% twice daily via , 0.5mg/2ml twice daily, 0.1mg every eight hours, 0.4mg daily, 20mg every other day, 2 percent daily, 500mg daily, 750mg four times daily, 325mg 2 tabs every 6 hours as needed, Clor con 10 milliequivalent daily, 25mg daily, , 25mg daily, 60mg twice daily, and Vit 1mg daily. A review of resident #1's Medication Observation Record (MOR) found the following discrepancies: , 81mg daily was signed as given on , 5, 9, 10, 11 and 12. There was no current physician order on file.	A 025		

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A 025	Continued From page 11 25 mg was signed as given on , 4, 5, 7, 8, 9, 10, 11, and 12. There was no physician order on file. 20mg was documented as given daily instead of every other day as ordered upon return from the rehabilitation center. It was signed as given , 5, 7, 9, 10, 11, 12, 13, 16, 17, 18, 19, 21, 23, 25, 26, 27, 28, and 30. Further review of resident #1's MOR found the following medications were missing from the MOR with no documentation of discontinuation: , 25mg daily, 60mg twice daily, Vit 1mg daily, 750mg four times daily, , 325mg 2 tablets every 6 hours as needed, twice daily, twice a day, and 0.4mg daily. Review of resident #1's MOR found the following medications were still not on the MOR and there was no documentation of a physician order to discontinue: 0.4mg daily, 750mg four times daily, twice daily, and twice daily. On at 1:20 PM, an interview with LPN B, she confirmed resident #1's medications were not given as ordered. Class II	A 025		

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A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course.	A 081		

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A 081	Continued From page 13 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement.	A 081		

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A 081	Continued From page 14 (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies	A 081		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911234	A. BUILDING: _____ B. WING _____	11/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 081	Continued From page 15 and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to provide documentation of participation in required training for 3 of 4 staff sampled (C, D, E). Findings: A review of caregiver C's record revealed she was hired on . Her record did not contain any documentation of a 2-hour preservice training, a 1-hour training for reporting major/adverse incidents, resident rights training, or control training. A review of caregiver D's record revealed she was hired on . Her record did not contain any documentation of a 2-hour preservice training, a 1-hour training for reporting major/adverse incidents, resident rights training, or control training. A review of caregiver E's record revealed she was hired on . Her record did not contain any documentation of a 2-hour preservice training, a 1-hour training for reporting major/adverse incidents, resident rights training, or control training.	A 081		

Agency for Health Care Administration

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A 081	Continued From page 16 On at 3:20 PM, Licensed Practical Nurse B confirmed the finding. She said they were having internet issues and she was unable to access the computer. Class III	A 081		