STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911234	12/17/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bethesda On Turkey Creek	2800 Fordham Road, Ne Palm Bay, FL 32905	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0025-Resident Care - Supervision-12/17/2013
0030-Resident Care - Rights & Facility Procedures-12/17/2013
0052-Medication - Assistance With Self-Admin-12/17/2013
0053-Medication - Administration-12/17/2013
0078-Staffing Standards - Staff-12/
0162-Records - Resident-1

Revisit Repeat Tags:
Z827-Unlicensed Activity-408.812, Fs

Specific Tag Findings:

0000-Initial Comments
12/17/13 Unannounced revisit to the relicensure survey was conducted.

The facility had a deficiency found during the visit.

Z827-Unlicensed Activity 408.812, FS
DEFICIENCY REMAINED UNCORRECTED

Based on observation, record review, and interview the facility failed to ensure that they obtained a Limited Nursing Services (LNS) license before performing the services for 4 of 16 residents who received LNS

Findings:

Review of the facility license on at approximately 11:30 AM noted the facility was licensed as a Standard Assisted Living Facility (ALF). The license expired on and was under review.

A facility Licensed Practical Nurse (LPN) stated at approximately 11 AM that she was told the facility had a Limited Nursing Services and she was doing LNS care.

There were 19 residents listed on the LNS log. The list also included 1 Levenox injection and 3 treatments; 7 needed ; 2 hose, 3 had treatments and 3 had braces.

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Continued review of the LNS log binder that also included orders and nurse's noted revealed that:

Resident # 1 had an order dated , that indicated Ok for LNS - soft neck collar , Neoprine brace to right knee daily for pain, remove every 4 hour and reapply for 4 hours at a time. The LNS notes indicated brace on at 8 AM, off at 12 PM, on at 4 PM and off at 8 PM. The LNS notes documented that the neck collar was applied and removed by nurses, as ordered by the healthcare provider.

Resident #2 had an order dated , that indicated she had a to left lower arm, apply Tegarderm. The Nurses progress notes documented the treatments were done.

Resident #3 had a prescription dated , that indicated 2 liters per minute by nasal cannula at bedtime. The Nurses progress notes documented the treatments were done.

Resident #4 had an order dated , that indicated knee high hose on in AM off PM. The Nurses progress notes documented the treatments were done.

In an interview on at approximately 1:00 PM the Business Office Manager and the LPN stated the administrator told them they were licensed for LNS and she had probably a misunderstood.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Bethesda On Turkey Creek
2800 Fordham Road, NE
Palm Bay, FL 32905

RE: Biennial with initial LNS

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2013, by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2013.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure