STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911234	10/13/2015
NAME OF PROVIDER OR SUPPLIER **BETHESDA ON TURKEY CREEK**	STREET ADDRESS, CITY, STATE, ZIP CODE **2800 FORDHAM ROAD, NE** **PALM BAY, FL 32905**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

AMENDED
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Complaint Investigation #2015009755 was completed in conjunction with the Relicensure survey on , 2015. Bethesda on Turkey Creek had deficieincies at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to ensure that 3 of 6 sampled residents records had a completed health assessment that addressed all the required criteria (#2, 4 & 5).

Findings:

1. Resident #2's record review revealed a health assessment report (1823) dated . The assessment was blank and did not indicate the type of assistance the resident needed with self-administration of medications.

2. Resident #4's record review revealed an 1823 dated . The assessment was blank and did not indicate the type of assistance the resident needed with self- administration of medications.

3. Resident#5's record review revealed an 1823 dated . The assessment did not indicate if the resident was free from communicable , whether or not she required 24 hour nursing or supervision, whether or not she posed a danger to self or others, and whether or not the resident was independent or needed assistance or supervision with eating. Those portions of the assessment were blank.

On / at approximately 4:30 PM, the director of nursing confirmed that the health assessments were incomplete.

Class III

0162 Records - Resident

Based on observations, record review and interview, the facility failed to ensure that 1 of 6 sampled resident records contained all the required components that included Medication Observation Records (#5).

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	AL11911234	**10/13/2015**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Findings:

Resident #5's record review revealed a health assessment report AHCA form 1823, dated , that indicated she needed assistance with self- administration of medications. The 2015 Medication Observation Record (MOR) was not available to review.

On / / at approximately 4:30 PM, the director of nursing stated she was unable to locate the MOR for resident #5.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_____, 2015 - amended state form

_____, 2015

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

RE: CCR #2015009775 w/LNS

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on , 2015 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than _____, 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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(s). Should you have any questions please call Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

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