

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911234	(X3) DATE SURVEY COMPLETED 05/05/2017
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

A Monitoring visit for a Change in use of space was conducted on 05/05/2017. Bethesda on Turkey Creek, license #4788, had no deficiencies at the time of the visit.