STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911234	R **10/03/2017**
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 revisit to a Limited Nursing Services (LNS) monitoring was conducted on 10/2/17 and 10/3/17. In addition, the re-licensure survey with LNS and complaint investigations #2017006106 and #2017006681 were conducted on the same dates. Bethesda on Turkey Creek, License #4788, had no deficiencies related to the revisit at the time of the visit.