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

Complaint investigations (2017006106 and 2017006681) in conjunction with the re-licensure survey with Limited Nursing Services (LNS) and a revisit to a LNS monitoring visit were conducted on . . . and . Bethesda on Turkey Creek Assisted Living Facility, License #4788, had deficiencies related to complaint investigation #2017006106 at the time of the visit.

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on review of the facility's staffing schedules and interview, the facility failed to maintain a written work schedule that reflected its 24-hour staffing pattern for a given time period.

Findings:

A request was made to review the facility's staffing schedules between through .

On at 10:30 am, the resident care director said the facility did not have staffing schedules for . . . through . . because a former employee took them.

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