

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911234	(X3) DATE SURVEY COMPLETED R 11/20/2017
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 follow-up to complaint investigation #2017006106 was conducted on 11/20/2017. Bethesda on Turkey Creek, license #4788, had no deficiencies related to this investigation at the time of the visit.