STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911234	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 revisit to complaint investigation #2017006681 was conducted on . Bethesda on Turkey Creek, license #4788, had deficiencies related to this investigation at the time of the visit.

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on personnel record review and interview, the facility failed to ensure all staff had completed the required training within 30 days of employment for 1 of 2 sampled staff (#G).

Findings:

Review of the personnel record for Staff G, hired , did not reveal a certificate documenting training with 30 days of hire in the topic of Safe Food Handling and Nutrition.

At at 3:30 PM the nursing director stated that Staff G does at times serve or clear food trays to residents eating in their .

In an interview with the administrator at 3:30 PM on , she confirmed the findings.

Class III