

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/31/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911234	(X3) DATE SURVEY COMPLETED R 01/23/2018
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 second follow-up to complaint investigation #2017006681 was conducted on 1/23/18. Bethesda on Turkey Creek, License, #4788, had no deficiencies at the time of the visit.