STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911234	R 05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHESDA ON TURKEY CREEK	**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 # 2018001032 was conducted on . Bethesda on Turkey Creek license # 4788 had a deficiency at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on observations, interview and record review the facility failed to provide care and services appropriate to the needs of 1 of 5 sampled residents (#4) 1. Did not give medication, although it was available 2. Did not notify the family or responsible party when a resident complained of not feeling well and requested to go the emergency (ER) for 1 of 5 sampled residents (#5).

Findings:

1. Record review for resident #4 revealed a health assessment report 1823 dated listed diagnoses of , and , , . He needed supervision with ambulation, bathing and dressing. He also needed assistance with self -administration of medications. The health assessment form indicated see medication sheet. The hospital medication sheet/summary dated listed 25 mcg (0.025 mg) once daily. The , 2018 Medication Observation Record (MOR) listed , 25 mcg (0.025 mg) once daily and had staff initials circled on 5/5, 5/6, 5/7, 5/8, , , , , and . The entries on back page of MOR indicated the medication was not given, not available. Observations on at 11:30 AM of the resident's medications noted a bubble pack dated that indicated , 25 mcg dated, 30 pills were dispensed, and 20 were available.

2. Record review for resident #5 revealed a demographic sheet that listed daughter as the contact person. A resident health assessment form dated listed (ADD), , and , , ( ). Facility note dated indicated the resident requested to go to emergency (ER). The resident's primary care physician was contacted and said OK to go to ER. Resident complained of not feeling well. She was admitted with a collapsed lung. She returned to the facility on . Continued record review revealed no evidence to confirm the resident's representative was notified when the resident did not feel well and requested to go to ER.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911234	R **05/24/2018**
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)

In an interview on . . . . at 1 PM with the resident care director who confirmed the findings.

Class III