STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911234	08/01/2018
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 complaint investigation #2018007554 and a revisit to complaint investigation #2018006456 and a second revisit to complaint investigation #2018001032. Bethesda on Turkey Creek license # 4788 had deficiencies related to complaint investigation #2018007554.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observations, interviews and record review the facility retained 1 of 10 sampled residents (#3) who exceeded standard assisted living facility continued residency 2)failed to take in consideration the accuracy of the Health Assessment Form-AHCA 1823 for 1 of 10 sampled residents (#1) and retained a resident who according to the Health Assessment was unable to transfer.

Findings:

In an interview on at 12:30 PM with 2 staff (A and B) who stated resident #3 required total care with his activities of daily living and was unable to transfer.

Resident record review for resident #3 revealed a health assessment report 1823 dated that listed debility, , difficulty swallowing, spinal , left knee and . He was non-ambulatory. Supervision was needed with eating; assistance was needed with bathing, dressing, , and toileting. He was on a regular diet and assistance was needed with self-administration of medications.

Observations on at 2 PM the resident was in his , sat in a wheelchair and had . It was difficult to understand his speech.

In an interview with the administrator on at 2:30 who stated the resident spoke 5 languages and at times would switch back and forth between languages and had to be redirected to speak English only. He added the resident had recently become more dependent on the staff for activities of daily living and transfers.

Resident #1 had a health assessment report 1823 dated that listed diagnoses of left sided , and . According to the Health Assessment, the resident needed total care with ambulation. She needed assistance with dressing, transfers and was independent with eating and . Supervision was needed with bathing and toileting.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911234	08/01/2018
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)

Observations on [redacted] at 11 AM noted the resident self- propelled by wheelchair.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to ensure the resident record for 1 of 10 sampled residents (#5) contained a health care provider order regarding the assistance with self-administered medications.

Findings:

Record review for resident #5 revealed a health assessment report dated [redacted] that listed diagnoses that included [redacted] (ADD) and [redacted]. According to the Health Assessment, she was able to self-administer her medications. An order dated [redacted] indicated OK to self-administer [redacted]. Continued review revealed the facility staff assisted the resident with self-administration of medications as evident by the staff initials on the [redacted] and [redacted] 2018 Medication Observation Record (MOR). There was no written evidence the health care provider was contacted and an order for the facility to provide assistance with self-administration of medication for resident #5 was requested.

In an interview with the Director of Nursing on [redacted] at 3 PM, who stated because of the resident's diagnoses the healthcare provider and the facility agreed it was best for the resident to receive assistance from the facility staff. She did not have an order.

Class III