

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911234	(X3) DATE SURVEY COMPLETED R 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 Second revisit to complaint investigation #2018001032 was conducted on 8/01/2018 in addition to revisit for complaint investigation #2018006456 and complaint investigation # 2018007545. Bethesda on Turkey Creek license # 4788 had no deficiencies at the time of the visit relating to complaint #2018001032.