

**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 revisit to Complaint #2018006456 and a second revisit for complaint #2018001032 and complaint #2018007545 were conducted on 8/1/18. Bethesda on Turkey Creek license #4788 had no deficiencies related to the revisit to complaint investigation #2018006456 at the time of the visit.