STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911234	R 10/30/2018
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 Investigation #2018007554 was conducted on , 2018. Bethesda on Turkey Creek, license #4788, had deficiencies at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on observations, record reviews and interviews, the facility retained 2 of 3 sampled residents (#14 and #15) who exceeded the continued residency criteria in an Assisted Living Facility (ALF.)

Findings:

On at 1:25 p.m. caregiver B identified residents #14 and #15 and said they both required total assistance with bathing, dressing, and toileting due to their cognition. She said resident #14 was able to pivot during transfers and resident #15 ambulated independently. Both residents resided in the facility's secured memory care unit.

Observations made immediately following the interview with caregiver B revealed resident #14 was sitting in a recliner in the day her eyes closed. Resident #15 was sitting at a table, his head was down, he was rubbing his head and he did not look up and make eye contact when greeted.

1. Resident #14's record revealed a facility admission date of . Her most recent 1823 health assessment form, dated , indicated that she had a diagnoses of Severe . She required assistance with all of her Activities of Daily Living (ADLs).

On at 2:30 p.m. caregiver C said resident #14 required total assistance with bathing, dressing, and toileting due to her cognition.

2. Resident #15's record revealed a facility admission date of . His most recent 1823 health assessment form, dated , indicated that he had a diagnoses of . He required assistance with ambulation, bathing and dressing, he was independent with eating and toileting and he required supervision with and transferring.

On at 2:30 p.m. caregiver C said resident #15 required total assistance with his ADLs and he required the assistance of 3 staff to assist him with ADL care in the morning due to his aggressive

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behaviors.

On at 2:34 p.m. caregiver D said both residents #14 and #15 required total assistance with all of their ADLs and said neither resident was able to follow verbal commands to participate in their own care.

On at 2:53 p.m. the assistant resident care director said she discussed admitting resident #14 to hospice services with her health care provider however, the resident's husband was not ready for hospice.

Review of the facility's license revealed it held a standard license with only Limited Nursing Service (LNS.)

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to have an approval letter for its emergency plan from the local emergency management agency annually.

Findings:

Review of the facility's most recent approval letter for its Comprehensive Emergency management Plan revealed it was approved by the local emergency management agency on .

On at 1:53 p.m. the administrator said the facility did not submit its plan for review and approval annually.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on review of the facility health finder website, facility record reviews and interview, the facility failed to develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain its alternate power source and any fuel required for the operation of the alternate power source and failed to develop written procedures to address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury.

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Findings:

Review of the facility health finder website on [redacted] at 1:40 p.m. revealed the facility's emergency environmental control plan was approved on [redacted] and an implementation extension was granted until [redacted].

The facility's alternate power source was a fixed generator that used gasoline and the resident census on the day of the survey was 82.

A request was made of the administrator to provide the required written policies and procedures for the facility's alternate power source and for the care of residents during a declared state of emergency.

On [redacted] at 3:15 p.m. the administrator said he was unable to locate the policies and procedures however, he believed they were developed. He was provided the opportunity to email the policies by 5 p.m. on [redacted].

An email was received from the administrator on [redacted] at 4:37 p.m. however, the policies were not included in the email.

Class III