

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 02/13/2019  
FORM APPROVED

|                                                                     |                                                                                              |                                                           |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                           | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11911234</b>                  | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>01/17/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BETHESDA ON TURKEY CREEK</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2800 FORDHAM ROAD, NE<br/>PALM BAY, FL 32905</b> |                                                           |

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

**0000 - Initial Comments**

01/17/19 desk review conducted to complaint #2018007554. Bethesda on Turkey Creek, license #4788, had no deficiencies at the time of the review.