

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 02/11/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER Bayview Center		STREET ADDRESS, CITY, STATE, ZIP CODE 301 S Bay St Eustis, FL 32726	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 49289 Based on observation, interview, and record review the facility staff failed to adhere to professional standards of practice for infection control when staff failed to perform hand hygiene while providing care for residents. (Resident #6, 7, 8, and 9) Findings include: During an observation on 9/24/2024 at 10:27 AM, Staff B, Certified Nursing Assistant (CNA) entered Resident #6's room and performed personal care without performing hand hygiene. Staff B then exited Resident #6's room and without performing hand hygiene immediately entered Resident #7's room. During an observation on 9/24/2024 at 10:31 AM Staff B, CNA entered Resident #7's room without performing hand hygiene, assisted the resident with personal care items at her bedside without performing hand hygiene, and exited the room and immediately entered Resident #8's room without performing hand hygiene. During an observation on 9/24/2024 at 10:36 AM Staff B, CNA assisted Resident #8, moved the blankets up, and exited the room without performing hand hygiene and immediately entered Resident #9's room without performing hand hygiene. During an observation on 9/24/2024 at 10:38 AM Staff B, CNA without performing hand hygiene, entered Resident #9's room, donned a pair of gloves and changed the dirty linen on the resident's bed. Staff B doffed the gloves and exited the room without performing hand hygiene. During an interview on 9/24/2024 at 10:41 AM, Staff B, CNA stated, I should have washed my hands between each room, before and after resident care, and I didn't. During an interview on 9/24/2024 at 12:54 PM, the Director of Nursing (DON) stated, Staff should be performing hand hygiene before and after care of each resident. (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the policy titled, Hand Hygiene Infection Control, last revised 6/2023, reads, Standard: Hand hygiene is the single most important measure for preventing the spread of infection. Guideline: The facility shall require facility personnel use accepted hand hygiene after each direct resident contact for which hand hygiene is indicated. Situations that require hand hygiene include but are not limited to: Before and after direct resident contact (for which hand hygiene is indicated by acceptable professional standard, Before and after assisting a resident with personal care, after removing gloves or aprons.		