STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105324	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bayview Center	301 S Bay St Eustis, FL 32726

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure food was stored in a safe and sanitary manner in the main kitchen and 2 of 2 nourishment areas.Findings include:During an observation on 5/11/2026 at 10:00 AM, there was one Styrofoam container with unidentified food item on a shelf in the walk-in kitchen refrigerator. The container had no label or date.During an interview on 5/11/2026 at 10:05 AM, the Certified Dietary Manager stated that the food belonged to an employee, and it should not be there.During an observation of the first-floor nourishment room on 5/11/2026 at 10:10 AM, there was one container of Almond milk with no label or date in the refrigerator, and one griddle wrapped sandwich with no label or date in the freezer.During an interview on 5/11/2026 at 10:17 AM, the Certified Dietary Manager stated that foods should be labeled and dated.During an observation of the second-floor nourishment room on 5/11/2026 at10:23 AM, there was one container of food/bagged from outside restaurant with no label or date in the refrigerator.During an interview on 5/11/2026 at 10:25 AM, the Certified Dietary Manager stated that the food should be labeled and dated.Review of the facility policy and procedure titled Outside Foods with the last review date of 1/27/26 read, Provide safe and sanitary storage, handling, and consumption of foods including those brought to residents by family and other visitors. Food brought by family/visitors that is left with the resident to consume later will be labeled and stored in a manner that is distinguishable from facility-prepared food. Food and beverages brought in must be in re-sealable container or package. Food is labeled with name of item, residents name, room number, date delivered.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure Minimum Data Set (MDS) assessments were accurate for 6 of 10 residents reviewed (Residents #15, #19, #29, #73, #91, and #97).Findings include: 1) During an observation on 5/11/2026 at 8:03 AM, Resident #97 was lying in bed. The resident's bed had 1/4 rails. The bed rails were not restricting the resident to get out of the bed. Review of Resident #97's MDS assessment dated [DATE] showed bed rails were used daily under Section P. Physical Restraints. During an interview on 5/12/2026 at 9:55 AM, Staff B, MDS Director, stated that the facility did not use restraints in the facility and use of bed rails for restriction was inaccurate for Resident #97. During an interview on 5/12/2026 at 9:59 AM, Staff C, MDS Coordinator, stated, I am the one who completed P section and I now understand that bed rails are not restraints if the resident has mobility and is able to use the bed rails for positioning. During an observation on 5/13/2026 at 9:08 AM, Resident #97 was walking without a mobility device down the hallway holding the rails on the walls. Resident #97 went to her room and sat on the bed and was able to get up and down the bed without issues. 2) Review of Resident #15's admission record showed the resident was initially admitted on [DATE] and most recently admitted on [DATE] with diagnoses to include bipolar disorder (onset date of 1/1/2026) and long term (current) use of anticoagulants (onset date of 7/8/2025). Review of Resident #15's quarterly MDS assessment dated [DATE] did not show diagnosis of bipolar disorder documented under section I- Active Diagnoses, and did not show the resident was receiving anticoagulant medication under Section N- Medications. Review of Resident #15's physician order dated 11/17/2025 read, Cariprazine HCl [Hydrochloride] Oral Capsule 3 MG [milligrams] (Cariprazine HCl), Give 1 capsule by mouth one time a day for bipolar disorder. Review of Resident #15's physician order dated 11/17/2025 read, Vraylar Oral Capsule 1.5 MG (Cariprazine HCl), Give 1 capsule by mouth at bedtime for bipolar disorder. Review of Resident #15's physician order dated 10/21/2025 read, Xarelto Oral Tablet 20 MG (Rivaroxaban), Give 1 tablet by mouth one time a day related to chronic atrial fibrillation, unspecified. During an interview on 5/13/2026 at 11:10 AM, Staff B, MDS Director, stated, [Resident #15's name] bipolar diagnosis was not coded, and anticoagulant medication was not coded. The sections in the assessment will need to be corrected. 3) Review of Resident #29's quarterly MDS assessment dated [DATE] showed bed rails were used daily under Section P. Physical Restraints. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #29's physician orders showed an order dated 7/17/2025 for 1/4 side rails when in bed as enabler for bed mobility. During an observation on 5/12/2026 at 7:55 AM, Resident #29 was up in wheelchair in her room. There were 1/4 bed rails up. During an interview on 5/12/2026 at 7:55 AM, Resident #29 stated, I do not really like them or use them. During an interview on 5/13/2026 at 9:55 AM, Staff B, MDS Director, stated that Resident #29's quarterly MDS dated [DATE] was inaccurately coded. 4) Review of Resident #73's quarterly MDS assessment dated [DATE] showed bed rails were used daily under Section P. Physical Restraints. Review of Resident #73's physician orders showed an order dated 7/17/2025 for 1/4 side rails when in bed as enabler for bed mobility. During an observation on 5/12/2026 at 7:49 AM, Resident #29 was sitting up in bed with 1/4 bed rails up and was feeding herself. During an interview on 5/13/2026 at 9:57 AM, Staff B, MDS Director, stated that Resident #73's quarterly MDS dated [DATE] was inaccurately coded. 5) Review of Resident #91's quarterly MDS assessment dated [DATE] showed bed rails were used daily under Section P. Physical Restraints. Review of Resident #91's physician orders showed an order dated 3/2/2026 for 1/4 side rails when in bed as enabler for bed mobility. During an observation on 5/12/2026 at 7:45 AM, Resident #91 was up in her wheelchair. 1/4 side rails on bed were up. During an interview on 5/12/2026 at 7:45 AM, Resident #91 stated, I get myself up and dressed. I use those [side rails] to stand up. During an interview on 5/13/2026 at 9:59 AM, Staff B, MDS Director, stated that Resident #73's quarterly MDS dated [DATE] was inaccurately coded. 6) Review of Resident #19's physician order dated 1/27/2026 read, Regular diet Mechanical Soft texture, Thin consistency. Review of Resident #19's MDS assessment dated [DATE] did not show the resident was on mechanically altered diet under Section K- Swallowing/Nutritional Status. During an interview on 5/14/2026 at 9:32 AM, Staff B, MDS Director, stated, The facility follows the RAI [Resident Assessment Instrument] manual for guidance and does not have a specific MDS policy.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to coordinate assessments for the residents with newly evident or possible serious mental disorder for 1 of 6 residents reviewed for Preadmission Screening and Resident Review (PASRR) (Resident #53).Findings include:Review of Resident #53's admission record showed the resident was admitted on [DATE] with diagnoses to include anxiety disorder (onset date of 3/12/2026), and antisocial personality disorder (onset date of 3/12/2026).Review of Resident #53's PASRR dated 3/6/2026 showed no mental illness documented under Section I. PASRR Screen Decision-Making.Review of Resident #53's Progress Note- Psychiatric assessment dated [DATE] showed antisocial personality disorder and anxiety disorder documented as diagnoses.During an interview on 5/14/2026 at 12:25 PM, the Director of Nursing stated, When patients come in on admission, we will request a PASSR from the prior stay. It should be completed prior to admission. Myself or the social worker will do audits and if something is missed, we will ask the hospital and if unable to get one, we will do another screening. [Resident #53's name] should have been reviewed and updated.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to provide appropriate enteral feeding for 1 of 3 residents reviewed for tube feeding (Resident #11).Findings include:During an observation on 5/14/2026 at 12:43 PM, Resident #11 had a feeding tube in place with the dressing dated 5/14/2026.Review of Resident #11's admission record showed the resident was initially admitted on [DATE] and readmitted on [DATE].Review of Resident #11's physician order dated 5/5/2026 read, Send to [local hospital's name] ER [Emergency Room] for eval and treat [evaluation and treatment] s/p [status post] g-tube [gastronomy tube] dislodgement.Review of Resident #11's physician orders showed no orders for g-tube feeding, g-tube flush, or g-tube care from 5/6/2026 to 5/13/2026.Review of Resident #11's Medication Administration Record (MAR) for May 2026 showed no entries for g-tube feeding, g-tube flush, or g-tube care from 5/6/2026 through 5/13/2026.During an interview on 5/13/2026 at 8:47 AM, Staff J, Licensed Practical Nurse (LPN), stated, [Resident #11's name] has a g-tube still because she goes through phases of not eating and loses weight. She has orders for flushing it; I think. Let me check. We do not have orders. I thought we did.During an interview on 5/13/2026 at 11:12 AM, Staff K, Registered Dietitian, stated, I do all the clinical charting. I do the high-risk charting for weight loss quarterly, dialysis and tube feedings. I order flushes for patency and watch the weights and make recommendations. I am not aware of anyone without any flush orders.During an interview on 5/14/2026 at 9:00 AM, Medical Doctor #1 stated, I don't have the chart in front of me, but in general the facility has parameters for flushing the feeding tubes. It [g-tube] needs to be flushed.During an interview on 5/14/2026 at 9:05 AM, Staff E, Unit Manager LPN stated, She [Resident #11] didn't come back with orders for her feeding tube. Every resident and every feeding tube are treated differently. She is eating. She really doesn't need it.Review of the facility policy and procedure titled Enteral Nutrition with the last review date of 1/27/2026 read, Guideline: 3. If the resident has a feeding tube placed prior to admission or returning to the facility, the provider and the interdisciplinary team will review the rationale for the placement of the feeding tube, the resident's current clinical and nutritional status, and the treatment goals and wishes of the resident. 7. The Nurse confirms that orders for enteral nutrition are complete.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to ensure drugs and biologicals used in the facility were stored and labeled in accordance with accepted professional principles for 1 of 4 medication carts and 1 of 4 hallways reviewed for unattended medication and labeling. Findings include: 1) During an observation on 5/11/2026 at 10:16 AM, there was a clear medication cup with a white circular tablet in the cup in Resident #48's room. During an interview on 5/11/2026 at 10:16 AM, Resident #48 stated, I do not take that medication. It will upset my stomach. During an interview on 5/11/2026 at 11:01 AM, Staff L, Licensed Practical Nurse (LPN), stated, I am not sure if it was the overnight nurse who gave it. I don't know where it came from. He is not able to self-administer. I have discarded the medication. 2) During an observation on 5/11/2026 at 10:36 AM, there was a lidocaine roll-on in Resident #63's room on the bedside table (photographic evidence obtained). During an interview on 5/11/2026 at 10:36 AM, Resident #63 stated, I have pain on my back and knees and the nurses will help me apply it. During an interview on 5/11/2026 at 11:03 AM, Staff L, LPN, stated, I do not see an order for lidocaine for [Resident #63's name]. She [Resident #63] is not able to self-administer medications. 3) During an observation on 5/11/2026 at 3:15 PM, there was a clear medication cup containing a pink cream in Resident #67's room (photographic evidence obtained). During an interview on 5/11/2026 at 3:15 PM, Resident #67 stated, The nurses put that in here [pointing to her groin area] to prevent infection. During an interview on 5/11/2026 at 3:17 PM, Staff L, LPN, stated, Nurses apply zinc, but it should not be left in the room. During an interview on 5/13/2026 at 1:00 PM, the Director of Nursing stated, [Resident #63's name] often orders online and nurses need to do rounds to make sure she has not ordered any medication. The cream found in [Resident #67's name] room; I would need to look into. It could have been zinc? The nurses are the only ones who have been educated to administer it. The nurse believed [Resident #48's name] had swallowed the medication and he spit it back out. He [Resident #48] had never had that behavior before. The nurse stays with the resident to make sure all medications are administered. Medication should not be left unattended. During an interview on 5/14/2026 at approximately 12:15 PM, the Director of Nursing stated, I spoke to the nurse in regard to [Resident #67's name]. I am not sure what cream it was. The nurse did know about the cream. I do not know if it was a barrier cream. Medication should not be left unattended. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4) During an observation on 5/13/2026 at 6:40 PM, the lower 100 hallway medication cart contained two Lantus insulin injection vial labeled with an expiration of 5/3/2026, one for Resident #10, and another for Resident #16. During an interview on 5/13/2026 at 6:42 PM, Staff D, LPN, stated, There should not be any expired medications. Night shift checks each night. During an interview on 5/13/2026 at 6:43 PM, Staff E, LPN, stated The carts are checked daily and there should not be any expired medications on the cart. During an interview on 5/14/2026 at 11:10 AM, the Director of Nursing stated, Nurses should check the medication carts to be sure that medications are properly labeled and there should be no expired medications on the cart. Review of the facility policy and procedure titled Medication Storage and Labeling with the last review date of 1/27/2026 read, Standard: Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. Guideline: The facility stores all drugs and biologicals in a safe, secure, and orderly manner. Procedure: 1. Drugs and biologicals used in the facility are stored in locked compartments under proper temperatures, light, and humidity controls. Only persons authorized to prepare and administer medications have access to locked medications. 4. Drug containers that have missing, incomplete, improper, or incorrect labels are returned to the pharmacy for proper labeling before storing. Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed.