

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105477	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Bay Pointe Nursing Pavilion		STREET ADDRESS, CITY, STATE, ZIP CODE 4201 31st St S Saint Petersburg, FL 33712	

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)
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49227</p> <p>Based on review of facility records, staff and resident interviews, the facility failed to ensure sufficient staffing to meet the needs of the residents as evidenced by, 1. Resident interviews on untimely call light response for five residents (#11, #14, #15, #10 and #16) of 8 residents sampled, 2. Unresolved grievances related to call light response times for one resident (#11) of five residents reviewed for grievances.</p> <p>Findings included:</p> <p>On 3/10/25 at 2:20 p.m., an interview was conducted with Resident #11 who stated, depending on who's working the call light response varies. Resident #11 said, There is definitely a problem on nights and weekends where it can be up to an hour before someone answers the call light.</p> <p>A review of Resident #11's admission record revealed the resident was admitted to the facility on [DATE], with diagnoses to include nontraumatic intracerebral hemorrhage, muscle wasting, and atrophy.</p> <p>Review of Resident #11's Minimum Data Set (MDS), dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 14, meaning intact mental cognition. A review of section GG of the MDS revealed Resident #11 is dependent for chair-to-bed transfers, substantial/maximal assistance for toileting and showering, moderate assistance for dressing, and set-up/clean-up assistance for eating.</p> <p>On 3/10/25 at 2:27 p.m. an interview was conducted with Resident #14. Resident #14 said he has always had an issue with call lights not being answered and he feels staff are irritated any time they come to assist him. Resident #14 said staff told him not to use the call light anymore and that it was just for the nurses. He stated he only uses the call light when he really needs it because he, doesn't want to cause problems.</p> <p>Review of Resident #14's MDS revealed a BIMS score of 15, meaning intact mental cognition. A review of the MDS Section GG: Functional Abilities revealed Resident #14 is dependent for toileting and showering, requires moderate to maximal assistance for dressing and personal hygiene, and requires set up assistance for eating and oral hygiene.</p> <p>On 03/10/2025 at 2:25 p.m., during an interview Resident #15 stated he had been a resident at this facility since 2011. He said about call lights, they've always been bad about answering call lights. Resident #15 stated now he just yells to get staff's attention.</p> <p>(continued on next page)</p>

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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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident #15's admission record revealed the resident was admitted on [DATE] and readmitted on [DATE] with diagnoses to include unspecified sequelae of unspecified cerebrovascular disease as well as mixed hyperlipidemia, primary hypertension, type 2 diabetes mellitus without complications, and major depressive disorder.</p> <p>Review of Resident #15's MDS revealed a BIMS score of 14, meaning intact mental cognition. A review of Section GG: Functional Abilities revealed the resident is fully dependent for transferring and to requires substantial/maximal assistance for eating, oral hygiene, and dressing.</p> <p>On 3/10/25 at 10:45 a.m., an interview was conducted with Staff F, Certified Nursing Assistant (CNA). Staff F said, we have enough staff today to complete showers, but that is not always the case. She stated sometimes they did not complete the shower schedule and therefore some residents did not receive their showers or baths as scheduled because they did not have enough staff.</p> <p>On 3/11/25 at 10:30 a.m., an interview was conducted with Staff A, CNA, revealing staffing can be difficult. She stated it was more of an issue of staff calling out or staff showing up to work and then leaving. She stated scheduling can be short too. Staff A, CNA said that she feels like they can answer call lights and respond to resident needs in a timely manner when they have the right staffing. She stated if they're short staffed it can be difficult and busy.</p> <p>During an interview on 3/11/2025 at 10:45 a.m., Resident #16 said staff response to call lights was frequently brought up during resident council meetings. She stated it was mentioned in most meetings that staff took a long time to respond to call lights. Resident #16 expressed concerns about the administrative response to Resident Council, stating she felt like even though the meeting minutes are provided to the administrator, it never seemed to get addressed and there was no follow-up.</p> <p>Review of Resident #16's MDS, dated [DATE], revealed a BIMS score of 15, meaning intact mental cognition. Further review of the MDS Section GG: Functional Abilities revealed the resident required substantial/maximal assistance for transferring, dressing, and toileting and setup assistance for eating and oral hygiene.</p> <p>On 3/11/25 at 12:45 p.m. an interview was conducted with Staff I, Physical Therapist (PT). She said frequently she has found residents with urine-soaked disposable pads/underpants and/or linen. She stated residents have frequently told her staff have not responded to their call lights or they have not been changed from the previous evening.</p> <p>On 3/12/25 at 9:30 a.m. an interview was conducted with Staff E, LPN. She said fewer nurses are scheduled on the weekends. She stated frequently at the end of her shift she remains at the facility for up to two additional hours to complete her assignments.</p> <p>During a tour of 200 hall on 3/12/25 at 9:25 a.m., an observation was made of an unidentified resident yelling for staff's assistance. Staff E, LPN told the resident as soon as the CNA returned in about five minutes, assistance will be provided. At 9:55 a.m. the Director of Nursing (DON), who happened to be walking down the hall provided assistance to the resident. At 10:03 a.m. Staff B, CNA returned to the assigned hall. Staff B, CNA did not identify who was responsible for answering her call lights during her absence.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During morning tour conducted on 03/12/2025 at 9:35 a.m., an observation was made of two call lights on. Nursing staff were not observed answering the calls. It was not clear how long they had been on. The nursing Home Administrator (NHA) happened to be walking by and answered both call lights. It was not clear where the CNA's assigned to the hall were.</p> <p>Review of Resident Council meeting minutes for January, February and March 2025, showed there were no concerns documented related to call light response and/or incontinent care concerns, contrary to Resident #16's statement.</p> <p>An interview was conducted with the NHA on 3/12/25 at 12:51 p.m. about a grievance for Resident #11. The grievance dated 1/22/25 showed under concern, prolonged call lights response time. The NHA stated Resident #11 revealed she had been waiting more than 15 minutes. The NHA stated if the response was within 15 minutes it is okay. The NHA could not identify how long the resident had waited to be assisted. During an interview with Resident #11 on 3/10/25 at 2:20 p.m., the resident stated, it can be up to an hour before someone answers the call light.</p> <p>On 3/11/25 at 2:40 p.m. an interview was conducted with the Nursing Home Administrator, (NHA). The NHA stated call light audits were started in September 2024, and Quality Assurance and Performance Improvement (QAPI) initiative focused on call light responses. The NHA said this issue was identified as a result of complaints from residents and resident families. The NHA could not confirm if the call light audits or QAPI initiative had been successful.</p> <p>A policy related to Activities of Daily Living (ADL) was requested and not provided.</p> <p>51097</p> <p>During an interview with Resident #10 on 03/10/25 at 12:45 p.m. he stated, The staff do not answer my call light. He further stated he could not get his call light answered when he needed help.</p> <p>During an interview on 03/12/25 10:30 a.m. with Staff H. Registered Nurse (RN), Unit Manager (UM), he confirmed they were short-staffed a CNA today. He stated they are short-staffed sometimes.</p> <p>50570</p> <p>On 3/12/25 at 9:30 a.m., an interview with Staff C, Licensed Practical Nurse (LPN) revealed sometimes her tasks rolled over to the next shift due to not having enough staff. She stated she completes tasks from the previous shift as the, 11 p.m. to 7 a.m. shift is not fully staffed. Staff C, LPN stated the, 7 a.m. - 3 p.m. shift is not always fully staffed as well. She stated she did not have enough time to complete some of her nursing tasks sometimes. Staff C, LPN stated she typically had 30-31 residents on her assignment. She stated when fully staffed, she would have about 20 residents on her assignment. She stated when there is a lot of call outs, and no replacement staff then, It's difficult to do my job. Staff L, LPN stated she would assist CNAs with showering/bathing residents if needed when they are short staffed, but it's not her usual role.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/12/25 at 11:20 a.m., an interview with the Activities Director (AD) revealed she is the liaison and documented the minutes during resident council meetings. The AD stated if concerns are brought up during resident council, she documented on the grievance form, Resident council, and provided that to the interdisciplinary department it belonged to. The AD stated she had not had to fill out a grievance form for recent resident council meetings. She stated, A few months back, a resident presented a concern about call lights, therefore, audits were initiated. The AD stated she filled out a grievance for that resident and gave it to the social services director (SSD). The AD stated she thought the facility's expectations regarding answering call lights was to answer within 10 minutes, but that was not always the case. She stated the expectation was to, try to answer the call light in a timely manner. If you see the call light, anyone can answer. Everybody here is supposed to answer call lights. She stated if the resident needed something out of the scope of the person who answered the call light, then they should get the appropriate person.</p> <p>On 3/12/25 at 1:20 p.m., an interview was conducted with the Staffing Coordinator (SC) who revealed the facility is staffed based on acuity and census. She stated she received census numbers from the morning meeting. The SC stated she gathered information about acuity based on the calculated census per the number of staff. She stated she would receive information from the Assistant Director of Nursing (ADON) in the morning or the night before, regarding acuity and resident needs. The SC stated if there was a call out, she would call other staff to see if they can come in. She stated if no one could come in, they adjust the assignments to make it as even as possible. The SC could not confirm if some tasks were not completed as a result of a lack of replacement.</p> <p>On 3/11/25 at 2:15 p.m. an interview with the Nursing Home Administrator (NHA) revealed she attended resident council meetings when invited, or when there is something that affected the facility that residents needed to know. She stated the Activities Director (AD) takes meeting minutes during resident council meetings. The NHA stated if there was an individual concern, then a grievance form is completed. The NHA stated she conducted daily meetings with department heads, where they discuss resident council concerns. The NHA stated regarding call light concerns, there was a concierge program that is conducting on-going call light audits. She stated concierge rounds were conducted daily, and findings are discussed in the daily meetings with department heads. She stated if a resident had any concerns, she would initiate a grievance immediately based on concerns presented in concierge rounds. The NHA did not confirm if the call light audits had addressed the resident's concerns related to delayed response times.</p> <p>Review of a Job description titled, Position - Director of Nursing (DON), dated August 2022, showed, under essential duties, Makes rounds to note resident/patient conditions and to ensure nursing personal are performing their work assignments in accordance with acceptable nursing standards. Assures adequate staffing of the facility on a 24 - hour basis</p> <p>A policy related to timely call light response was requested and not provided.</p> <p>A policy related to staffing was requested and not provided.</p>		