

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105846	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2025
NAME OF PROVIDER OR SUPPLIER Baya Pointe Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 587 SE Ermine Ave Lake City, FL 32025	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure staff used appropriate personal protective equipment (PPE) while providing high contact care for 1 (Resident #5) of 2 residents reviewed for wound care. Findings include: Review of Resident #5's admission record showed the resident was admitted on [DATE] with the diagnoses including unspecified open wound, right knee, subsequent encounter. During an observation on 6/30/2025 at 11:05 AM, there was a sign posted on the door frame of Resident #5's room that indicated she was on Enhanced Barrier Precautions. During an observation on 6/30/2025 at 11:15 AM, Staff A, Licensed Practical Nurse (LPN), gathered wound care supplies and gloves. Staff A proceeded to wash her hands with soap and water and donned a pair of gloves. Staff A provided wound care to Resident #5, wearing gloves as her only form of personal protective equipment (PPE). During an interview on 6/30/2025 at 11:25 AM, Staff A, LPN, stated, Enhanced barrier precautions are for residents with certain isolation needs. Personal protective equipment such as gloves, mask, and [physically indicated] a gown/covering, are used during resident care. During an interview on 6/30/2025 at 12:48 PM, the Director of Nursing stated, For residents on EBP [Enhanced Barrier Precautions], the staff are supposed to wear a gown and gloves when doing direct care activities such as wound care. Review of the facility policy and procedures titled Enhanced Barrier Precautions revised on 5/28/2024, read, Guideline: The facility will decrease the transmission of multidrug-resistant organisms (MDRO) by maintaining infection control standards. Definitions: Enhanced Barrier Precautions (EBP) refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities. Procedure: 1. Enhanced Barrier Precautions (EBP) are used for residents with any of the following . b. Wounds and/or indwelling medical devices even if resident is not known to be colonized with MDRO. 9. Appropriate PPE for EBP would include: a. Gown, b. Gloves 10. Employees should wear appropriate PPE when performing the following duties for residents . i. Wound care. Review of the facility policy and procedure titled Infection Control - Infection Prevention and Control Program revised in 1/2024 read, Standard: An infection prevention and control program (IPCP) are established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Prevention of Infection: 1. Important facets of infection prevention include . c. educating staff and ensuring that they adhere to proper techniques and procedures.</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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