

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  01/22/2026
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)		
F 0842  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.  Based on record review and interview, the facility failed to ensure medical records were accurate for 1 of 3 residents reviewed for wound care, Resident #1. Findings include: Review of Resident #1's physician order dated 12/17/2025 read, Wound Care: Right Buttock; Cleanse with generic wound cleanser, pat dry, place Calcium Alginate [absorbent dressing] over wound bed, then cover with a bordered gauze dressing. Change daily and PRN [as needed] every night shift for wound care. Order Status: Active. Start Date: 12/17/2025. Review of Resident #1's Treatment Administration Record (TAR) for January 2026 for completion of right buttock wound care showed no entries documented on 1/9/2026 and 1/10/2026 on night shift. Review of Resident #1's physician order dated 12/29/2025 read, Wound Care: Clean left buttock with wound cleanser, pat dry, apply skin prep to peri wound, cover with honey gel, then calcium alginate, then cover with silicone superabsorbent [absorbent dressing]: daily and PRN every night shift for wound care tx [treatment]. Order status: Active. Start Date: 12/29/2025. Review of Resident #1's TAR for January 2026 for completion of left buttock wound care showed no entries documented on 1/9/2026 and 1/10/2026 on night shift. Review of Resident #1's physician order dated 1/6/2026 read, Wound Care: Right lateral thigh; Cleanse wound with generic wound cleanser, pat dry. Apply Triamcinolone cream [corticosteroid medication] 0.1% to wound bed, cover with Calcium Alginate, then with bordered gauze dressing. Change daily and PRN every night shift for wound care daily and PRN. Order Status: Discontinued. Start Date: 01/06/2026. Discontinue Date: 01/18/2026. Review of Resident #1's TAR for January 2026 for completion of right lateral thigh wound care showed no entries documented on 1/9/2026 and 1/10/2026 on night shift. Review of Resident #1's physician order dated 11/19/2025 read, Triple Antibiotic External Ointment (Neomycin-Bacitracin-Polymyxin) Apply to Right Buttock topically every night shift for wound care, apply to open wound areas. Order status: Active. Start Date: 11/19/2025. Review of Resident #1's TAR for January 2026 for administration of Triple Antibiotic External Ointment showed no entries documented on 1/9/2026 and 1/10/2026 on night shift. During an interview on 1/22/2026 at 5:17 PM, the Director of Nursing stated, An empty space on the TAR means either the nurse didn't do the wound care or they forgot to document it. When nurses complete wound care, I expect them to document that it was completed. During an interview on 1/22/2026 at 5:19 PM, Staff A, Licensed Practical Nurse (LPN), stated, I always do [Resident #1's name]'s wound care. I completed her wound care on January 9th. I just probably forgot to chart that I did it. During an interview on 1/22/2026 at 5:27 PM, Staff B, LPN, stated, I did the wound care for [Resident #1's name] on January 10. I forgot to chart it. Review of the facility policy and procedure titled Standards and Guidelines: Documentation revised in January 2024 read, Guideline: Services provided to the resident shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care. Procedure. 4. Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate.		

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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