STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105846	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Baya Pointe Nursing and Rehabilitation Center	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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on record review and interview the facility failed to ensure current and accurate nurse staffing data was posted for residents, staff, and visitors.Findings include: During an observation on Friday, 5/4/2026, at 9:31 AM the posted nurse staffing information was dated Friday 5/1/2026. During an interview on 5/4/2026 at 9:31 AM, the Director of Nursing acknowledged the nurse staffing information posted on Monday, 5/4/2026 at 9:31 AM was not current and was last updated on Friday, 5/1/2026. She stated the scheduler had the responsibility to ensure the posted nurse staffing information was accurate and current throughout the weekend. Review of the facility policy and procedure titled Care Staffing Policy, revised 10/2025, read, Purpose: To ensure the facility maintains sufficient, competent direct care staff to meet resident needs in compliance with all applicable federal and [Name of State] state regulations. The policy specified Staff Posting Requirements: 3. Staff Posting (BIPA) [Benefits Improvement and Protection Act of 2000] the daily staffing posting required under the Medicare, Medicaid and CHIP [Children's Health Insurance Program] Benefits Improvement and Protection Act of 2000 (BIPA) must be completed each day. The BIPA posting must be displayed in a visible location at or near the main entrance or front desk, where it is easily accessible to residents, visitors, and surveyors. The posting must reflect actual staff on duty and be updated as changes occur.

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