

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 08/14/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observation, interview, and record review, the facility failed to administer medications as ordered by the physician for 1 of 5 residents, Resident #2, reviewed for unnecessary medications. Findings include: Review of Resident #2's admission record documented diagnosis that include end stage renal disease, chronic systolic congestive heart failure, type 2 diabetes mellitus with diabetic chronic kidney disease, and essential primary hypertension. Review of Resident #2's physician order dated 4/29/25 read, Entresto Oral Tablet 24-26 MG [milligrams] (Sacubitril-Valsartan) Give 0.5 tablet by mouth two times a day related to essential primary hypertension. Review of Resident #2's August Medication Administration Record documented Entresto had a chart of code 4 (4=outside parameters) on 8/2/2025 at 0900 (9:00 AM), on 8/3/2025 at 0900 and 2100 (9:00 PM), and on 8/6/2025 at 0900. Review of Resident #2's nursing and medication administration notes for the period of 8/1/2025 through 8/9/2025 did not contain documentation of the physician being notified the Entresto was not being administered as ordered by the physician. During an interview on 8/12/2025 at 2:20 PM Staff F, Registered Nurse (RN), one of the licensed staff who was documented as not administering the Entresto, stated, I did hold her [Resident #2] blood pressure medication. Her pressure was low. There are no parameters for that medication. I could have called the doctor to see. I should follow all doctors' orders. During an interview on 8/13/2025 at 1:05 PM Staff G, Licensed Practical Nurse (LPN), one of the licensed staff who was documented as not administering the Entresto, stated, I did hold her [Resident #2] medicine. I don't see that there are any parameters. I wasn't following the orders to give the med. I should follow them. I didn't call anyone I just held it. Review of the policy and procedure titled, Medication Administration with a last approval date of 4/25/2025 read, Standard: Medications are ordered and administered safely and as prescribed. Procedure: 16. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall document the rationale in the resident's medical record and notify the physician and responsible party.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observation, interview, and record review, the facility failed to provide respiratory services consistent with professional standards of practice for oxygen administration for 2 of 5 residents, Residents #86 and #87, reviewed for oxygen therapy. Findings include: During an observation on 8/12/2025 at 9:37 AM Resident #87 was observed being administered oxygen via tracheostomy mask at 4 liters per minute by an oxygen concentrator. On the oxygen concentrator was a humidification bottle (used to hold distilled water to add moisture to the oxygen therapy airflow to prevent dryness and irritation that can occur from breathing dry oxygen for extended periods) dated 8/12/25 and the bottle was empty. During an observation on 8/12/2025 at 11:35 AM Resident #87 was observed in bed with the head of bed elevated, and was observed with oxygen being administered via tracheostomy mask at 4 liters of oxygen per minute by an oxygen concentrator. On the oxygen concentrator was a humidification bottle dated 8/12/25 and the bottle was empty. Review of Resident #87's admission record documents diagnosis that include encephalopathy, unspecified, acute respiratory failure unspecified whether with hypoxia or hypercapnia, pneumonia due to other specified bacteria, chronic respiratory failure unspecified whether with hypoxia or hypercapnia, and tracheostomy. Review of Resident #87's physician order dated 8/7/2025 read, Trach [tracheostomy]: Encourage and assist resident with use of humidified oxygen 28%/5 liters via trach collar. Review of Resident #87's physician order dated 8/7/2025 read, Trach: Change Oxygen tubing/humidification bottle/mask, etc. Q [every] week and PRN [as needed] every night shift every Sun [Sunday] and as needed. Review of Resident #87's care plan documented a focus of, Resident has a tracheostomy and is at risk for complications regarding tracheostomy status and interventions that include administer O2 [oxygen] as ordered. During an interview on 8/12/2025 at 12:47 PM Staff D, Licensed Practical Nurse (LPN) stated, The amount of oxygen is not right. I will check the order. The humidification is empty, I need to change that. During an interview on 8/14/2025 at 1:00 PM the Director of Nursing (DON) stated, They [licensed nursing staff] should be checking oxygen levels and making sure they are accurate. They should follow physician orders. We should have the tracheostomy with humidification at all times and not have it empty. During an observation on 8/11/2025 at 12:32 PM Resident #86 was observed in bed with the head of bed elevated and oxygen being administered at 4 liters per minute via nasal cannula by an oxygen concentrator. The oxygen concentrator was on the side of the bed, not within the resident's reach. During an observation on 8/12/2025 at 8:03 AM Resident #86 was observed having oxygen administered at 4 liters via nasal cannula by an oxygen concentrator. The concentrator was not within the resident's reach. Review of Resident #86's admission record documented diagnosis that include chronic obstructive pulmonary disease (COPD) unspecified, type 2 diabetes mellitus without complications, heart failure unspecified, anemia unspecified, and essential primary hypertension. Review of Resident #86's physician order dated 8/6/2025 read, Respiratory-Oxygen: NC [nasal cannula]/Mask. Encourage and assist resident to use O2 [oxygen] @ [at] 2 (specify Liters) via (specify NC/Mask) as needed for SOB [shortness of breath]/DOE [dyspnea on exertion]. Review of Resident #86's comprehensive care plan documented a focus of, The resident is at risk for altered respiratory status/difficulty breathing r/t [related to] COPD/Emphysema. Interventions: administer oxygen as ordered. During an interview on 8/12/2025 at 8:05 AM Staff E, RN stated, Her oxygen [order] is for 2 liters. Staff E confirmed the concentrator was administering oxygen to Resident #86 at 4 liters, then stated, I don't know how that happened. Review of the policy and procedure titled, Oxygen Administration, with a last approval date of 4/25/2025 read, Standard: The purpose of this procedure is to provide guidelines for oxygen administration. Procedure: 1. Review the physician's order for oxygen administration. General guidelines: 3. Adjust the oxygen delivery device so that it is comfortable on the resident and the appropriate flow of oxygen is being administered according to the resident's needs.</p>		

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<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>Based on observations, interviews, and record reviews, the facility failed to prevent the possible spread of infection when failing to ensure staff followed infection control standards for enhanced barrier precautions for 1 of 3 residents, Resident #88 reviewed for incontinence care and failing to ensure hand hygiene was performed during medication administration for 2 of 6 observations of medication administration. Findings Include</p> <p>During an observation on 8/13/2025 at 9:22 AM there was a sign on Resident #88's door which read, "Enhanced Barrier Precautions (a set of infection control practices designed to reduce the spread of multidrug-resistant organisms)." Staff A, Licensed Practical Nurse (LPN) and Staff B, Certified Nursing Assistant (CNA) were observed providing incontinent care for Resident #88. Staff A and Staff B were not wearing gowns.</p> <p>During an interview on 8/13/2025 at 9:30 AM the Director of Nursing (DON) verified Resident #88 had a physician's order for enhanced barrier precautions and staff should have worn a gown and gloves when providing direct patient care.</p> <p>During an interview on 8/13/2025 at 9:33 AM Staff B, CNA stated, "When a resident is on enhanced barrier precautions, we should wear gloves and a gown when providing patient care. When I changed [Resident #88's name] I was not wearing a gown. I should have been wearing a gown";</p> <p>During an interview on 8/13/2025 at 9:35 AM Staff A, LPN confirmed she and [Staff B, CNA's name] were changing [Resident #88's name] and were not wearing gowns. Staff A, LPN stated, "When a resident is on enhanced barrier precautions, we should wear gloves and a gown while providing incontinence care."</p> <p>Review of Resident #88 medical record documented an admission date of 8/7/2025 with medical diagnoses including gastrostomy (also known as a g-tube, is a surgical procedure that creates an opening in the stomach through the abdominal wall to provide nutrition and medications directly into the stomach).</p> <p>Review of Resident #88's physician order dated 8/12/2025 read, Enhanced Barrier: Encourage and assist resident to maintain enhanced barrier precautions for GTUBE</p> <p>Review of Resident #88's care plan dated 8/8/2025 read, Focus: Resident requires Enhanced Barrier Precautions during high contact resident care activities r/t [related to] wounds when colonization or actual MDRO [Multi-Drug Resistant Organism] is present, indwelling medical devices examples include, but are not limited to central lines, indwelling urinary catheters, feeding tubes, tracheostomy tubes. Interventions- Enhanced Barrier Precautions DURING HIGH CONTACT CARE ACTIVITIES dressing, bathing, showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the policy and procedure titled "Hand Hygiene Infection Control"; with a last approval date of 4/25/2025 read, "Standard: Hand hygiene is the single most important measure for preventing the spread of infection. Guideline: This facility shall require facility personnel to use accepted hand hygiene after each direct resident contact for which hand hygiene is indicated. Procedure: The Facility acknowledges the CDC (Centers for Disease Control) guidelines to improve adherence to hand hygiene in health care settings. The hand hygiene guidelines are part of an overall CDC strategy to reduce infections in healthcare settings to promote resident safety. These guidelines state that hand washing is necessary when healthcare personnel's hands are visibly soiled. When hands are not visibly soiled, the CDC recommends the use of alcohol based hand rubs by health care personnel for resident care to address the obstacles that health care professionals face when taking care of residents. Patients that require hand hygiene include, but are not limited to: before and after direct resident contact (for which hand hygiene is indicated by acceptable professional practice); before and after performing any invasive procedure (e.g. finger stick blood sampling); upon and after coming in contact with residents intact skin (e.g. when taking a pulse or blood pressure, and lifting a resident)</p>