

(X8) DATE

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967905	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLIER BAYSHORE GUEST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 512 BAYSHORE RD NOKOMIS, FL 34275		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
AN276	Continued From page 1 nurses for Residents #1, #2, #3, and #4. The residents signed agreement included these services as covered under the Base Rate due to the LNS license and would be performed by facility nurses at no additional charge. 1. Review of Resident #1's Resident Agreement for Assisted Living Facility with LNS dated _____, Page 1, Financial Arrangements: The preliminary fee per month is \$8000.00 for a semi-private room.... Page 3, Services included in the monthly rate are as follows: "We do offer LNS and extended congregate care services that the resident elects to receive.... Provision is made in the initial rent set for all additional services and charges, commensurate with what a trained RN using the current doctors signed 1823 form as baseline, deem appropriate as the level of care required. Resident #1's Communication Log revealed skilled nursing visits from the Home Health Agencies on _____; _____; _____; _____; and _____ for _____ care. 2. Review of Resident #2's Resident Agreement for Assisted Living Facility with Limited Nursing Services dated _____, Page 1, Financial Arrangements: The preliminary fee per month is \$6000.00 for a semi-private room.... Page 3, Services included in the monthly rate are as follows: We do offer LNS and extended congregate care services that the resident elects to receive.... Provision is made in the initial rent set for all additional services and charges, commensurate with what a trained RN using the current doctors signed 1823 form as baseline, deem appropriate as the level of care required. Resident #2's Communication Log revealed	AN276			

AHCA Form 3020-0001
STATE FORM

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AN276	Continued From page 3 Resident #4's Communication Log revealed skilled nursing visits for care to lower from the Home Health Agency on : : : : : : and : : : On at 12:00 p.m., the administrator said LNS is included in the monthly rent and there is no additional charge. The administrator confirmed the resident agreements signed by Residents #1, #2, #3, and #4 included services by a trained registered nurse (RN). The administrator said she was not aware the home health nurse visits were a problem. On at 2:14 p.m., the facility's Director of Nursing (DON) said , skin, and care is performed by home health agency nurses. The nurse manager said a lot of the families wanted to keep the home health agency service and she did not think it was a problem. Class III	AN276			