Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967905	A. BUILDING: _____ B. WING _____	01/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYSHORE GUEST HOME	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
A 000	Initial Comments A complaint investigation for #2025019019 was conducted at Bayshore Guest House on . Deficiencies were identified at the time of the survey.	A 000		
A 033 SS=E	59A-36.007(8) PHYSICAL (8) PHYSICAL . Residents for whom a physician has prescribed a physical must have a written care plan for the use of the physical . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical and all requirements of this subsection apply. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure residents with physician orders for physical have	A 033		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 033	Continued From page 1 care plans which specify the device prescribed for use, the maximum amount of time that the are to be applied for each day, in what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . for 7 (Residents #1, 2, 3, 4, 5, 6, and #7) of 7 residents reviewed. The facility failed to ensure and maintain documentation of physician orders for residents with care plans for for 2 (Resident #6, and #7) of 7 residents reviewed for . The findings included: On at 8:45 a.m., Observation of Resident #5 revealed a fabric belt in a "T-shape" applied to Resident #5's midsection with a strap belt, which went through Resident #5's and buckled around the of the wheelchair. 1. Record review of Resident #1's Health Assessment Form (1823) showed a medical history and diagnoses of , ( ), , , (, ,), D deficiency, and recurrent . Record review of Resident #1's nursing care plan indicated that he was a high risk; safety consent signed. The care plan did not specify the device prescribed for use, the maximum amount of time that the are to be applied for each day, in what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed .	A 033		

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A 033	Continued From page 2 2. Record review of Resident #2's 1823 showed a medical history and diagnoses of advanced , behavioral disturbances, , recurrent with hematoma, recurrent ( ), and T12 , fx ( ). Record review of Resident #2's nursing care plan indicated that he was a high risk; use safety and screamer. The care plan did not specify the device prescribed for use, the maximum amount of time that the are to be applied for each day, in what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . 3. Record review of Resident #3's 1823 showed a medical history and diagnoses of , , , (prostatic hyperplasia), and . Record review of Resident #3's nursing care plan indicated that he utilizes a safety and screamer. The care plan did not specify the device prescribed for use, the maximum amount of time that the are to be applied for each day, in what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . 4. Record review of Resident #4's 1823 showed a medical history and diagnoses of COVID 19, , ( ), HLD	A 033		

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A 033	Continued From page 3 (, ,), , and . Record review of Resident #4's nursing care plan showed that he was a high risk and utilized bed rails and safety . The care plan did not specify the device prescribed for use, the maximum amount of time that the are to be applied for each day, in what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . There was no documentation of physician orders for use of bed rails as a . 5. Record review of Resident #5's 1823 showed a medical history and diagnoses of , , , and displaced fx of L (left) . Record review of Resident #5's nursing care plan indicated that she was a high risk and utilized bed rails and safety . The care plan did not specify the device prescribed for use, the maximum amount of time that the are to be applied for each day, in what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . Review of Resident #5's record revealed no documentation of physician orders for use of bed rails as a . 6. Record review of Resident #6's 1823 indicated a medical history and diagnoses of , , , , , HLD, , OA ( ), sleep , , , , , -vascula, , , CHR ( ), insufficiency,	A 033		

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A 033	Continued From page 4 valve insufficiency, , . Record review of Resident #6's nursing care plan indicated that she was a high risk and utilized a safety and screamer. The care plan did not specify the device prescribed for use, the maximum amount of time that the are to be applied for each day, in what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . The facility provided no evidence of documentation of physician orders for use of a safety for Resident #6. 7. Record review of Resident #7's 1823 indicated a medical history and diagnoses of , , , , , , and , . Record review of Resident #7's nursing care plan indicated that she utilized a safety and bed rails. The care plan did not specify the device prescribed for use, the maximum amount of time that the are to be applied for each day, in what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . The facility provided no evidence of documentation of physician orders for use of a safety , and or bed rails as a for Resident #7. During an interview on at 1:33 p.m., during an interview, the Director of Nursing stated that the maximum amount of time is indicated on another form, she confirmed it is not specified on	A 033		

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A 033	Continued From page 5 the care plans, and the care plans for Residents #1, #2, #3, #4, #5, #6 and #7 were missing information. Class III .	A 033		