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 ______	04/27/2026

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 #2026006582 was conducted at Bayshore Guest Home on . Deficiencies were identified at the time of the survey.	A 000		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice	A 081		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 081	Continued From page 1 orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal	A 081		

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A 081	Continued From page 2 care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.	A 081		

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A 081	Continued From page 3	A 081		

(f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.
1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.
2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to provide 1 hour of Recognizing and Reporting Resident , Neglect, and , training within 30 days of employment for 3 (Staff D, E, F) of 3 staff records reviewed.

The findings included:

Record review revealed Caregiver Staff D had a hire date of . Further review showed that there was an Employee Training Attendance Record Recognizing and Reporting Resident , Neglect and , sheet, signed by Caregiver Staff D. There was no date of training and no Administrator or instructor dated signature. There was no further documentation indicating Staff D completed the required training.

Record review revealed Certified Nursing Assistant (CNA) Staff E had a hire date of

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A 081	Continued From page 4	A 081		

. Further review showed that there was an Employee Training Attendance Record Recognizing and Reporting Resident , Neglect and , sheet, signed by CNA Staff E. There was no date of training and no Administrator or instructor dated signature. There was no further documentation indicating Staff E completed the required training.

Record review revealed Caregiver Staff F had a hire date of . Further review showed that there was an Employee Training Attendance Record Recognizing and Reporting Resident , Neglect and , sheet, signed by Caregiver Staff F. There was no date of training and no Administrator or instructor dated signature. There was no further documentation indicating Staff F completed the required training.

On at 3:30 p.m., during an interview, Licensed Practical Nurse (LPN) Staff A said that this was the only training that she could find for the staff members. Staff A acknowledged that any trainings needed to be signed and dated, so as to indicate completion. Staff A said she was not sure when the training was done or who provided it.

On at 3:55 p.m., during an interview, the Registered Nurse Risk Manager said it is her responsibility to manage the and neglect training and it is her fault that some of the trainings are not signed and the certificates are not done.

Class III

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
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A 091	Continued From page 5	A 091		
A 091 SS=D	59A-36.011(12) FAC Training - Documentation & Monitoring	A 091		

(12) TRAINING DOCUMENTATION AND MONITORING.
(a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following:
1. The title of the training program,
2. The subject matter of the training program,
3. The training program agenda,
4. The number of hours of the training program,
5. The trainee's name, dates of participation, and location of the training program,
6. The training provider's name, dated signature and credentials, and professional license number, if applicable.
(b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule.
(c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to document appropriately the required training for Recognizing and Reporting Resident . . ., Neglect, and , for 3 (Staff D, E, F) of 3 staff records reviewed.

The findings included:

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A 091	Continued From page 6 Record review revealed Caregiver Staff D had a hire date of . Further review showed an Employee Training Attendance Record Recognizing and Reporting Resident , Neglect and , sheet, signed by Caregiver Staff D. There was no date for the training, no agenda, and no Administrator or instructor dated signature. Record review revealed Certified Nursing Assistant (CNA) Staff E had a hire date of . Further review showed Employee Training Attendance Record Recognizing and Reporting Resident , Neglect and , sheet, signed by CNA Staff E. There was no date for the training, no agenda, and no Administrator or instructor dated signature. Record review revealed Caregiver Staff F had a hire date of . Further review showed that Employee Training Attendance Record Recognizing and Reporting Resident , Neglect and , sheet, signed by Caregiver Staff F. There was no date for training, no agenda, and no Administrator or instructor dated signature. On at 3:30 p.m., during an interview, Licensed Practical Nurse (LPN) Staff A said that this was the only training that she could find for the staff members. Staff A acknowledged that any training needed to be signed and dated, so as to indicate completion. Staff A said she was not sure when the training was done or who provided it. On at 3:55 p.m., during an interview, the Registered Nurse Risk Manager said it is her responsibility to manage the and neglect training and it is her fault that some of the training	A 091		

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A 091	Continued From page 7 is not signed and the certificates are not done. Class III	A 091		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use.	A 152		

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A 152	Continued From page 8	A 152		

(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be .

This Statute or Rule is not met as evidenced by: Based on observation, and interview, the facility failed to ensure all existing architectural and structural systems are maintained in good working order. Failure to provide adequate fencing and protection for a raised patio deck is a hazard for residents, staff and visitors.

The findings included:

On at 9:47 a.m., during a tour of the patio and gardens, it was observed the deck leading from the facility was raised 2 above the garden level below. The deck was open ended with a flimsy fence partially surrounding two sides. There was no observed railing surrounding the deck to prevent anyone from falling off of the deck and becoming injured.

On at 10:30 a.m., during an observation, there was an exercise class with 10 residents and 2 staff members on the patio.

On at 12:45 p.m., during an interview, Resident #19 family member said the patio is a disaster and a hazard. He was there yesterday and a staff member almost broke her stepping off the ledge of the patio trying to move a wheelchair and almost took a header. Resident #19's family member stated, " someone is going to off the patio and get really hurt and I can't believe they haven't done anything about it."

PRINTED: 05/11/2026
FORM APPROVED

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A 152	Continued From page 9 On at 1:30 p.m., during an interview, Resident #6 family member stated, "they need to fix the patio, the edge is dangerous.' On at 2:25 p.m., during an interview, Resident #13 Power of attorney (POA) stated, " the backyard could use some work to improve the garden and safety of the deck and loose tiles. I was surprised it hasn't been addressed." On at 3:55 p.m., during an interview, the Registered Nurse Risk Manager acknowledged the edge of the patio leading down to the garden area with a lack of fence was a hazard. On at 5:15 p.m., during an interview, the Administrator acknowledged that there needs to be a fix be made to the patio and deck. Class III ** Photographic Evidence Obtained **	A 152		