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 _____	

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 This is to report the results to an unannounced Limited Nursing Service (LNS) survey conducted on ..... for Bayshore Guest Home, An Assisted Living Facility (ALF) in Nokomis, Florida. The census at the time of the survey was 6 residents. The following is a description of non-compliance:	A 000		
AN276	58A-5.031(1) FAC LNS - Nursing Services (1) NURSING SERVICES. A facility with a limited nursing license may provide the following nursing services in addition to any nursing service permitted under a standard license pursuant to Section 429.255, F.S. (a) Conducting passive range of motion exercises. (b) Applying ice caps or collars. (c) Applying heat, including dry heat, hot water bottle, heating ..... aquathermia, moist heat, hot compresses, sitz bath and hot soaks. (d) Cutting the toenails of ..... residents or residents with a documented ..... problem if the written approval of the resident ' s health care provider has been obtained. (e) Performing ear and eye irrigations. (f) Conducting a urine ..... test. (g) Replacement of an established self maintained indwelling urinary ..... performance of an intermittent urinary ..... Performing digital ..... removal therapies. (i) Applying and changing routine dressings that do not require packing or irrigation, but are for abrasions, ... closed surgical wounds. (j) Care for stage ..... sores. Care for stage ..... 4 pressure sores are not permitted under this rule.	AN276		

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AN276	Continued From page 1	AN276		

(k) Caring for casts, braces and Care for head braces, such as a is not permitted under this rule.
(l) Conduct nursing assessments if conducted by a registered nurse or under the direct supervision of a registered nurse.
(m) For hospice patients, providing any nursing service permitted within the scope of the nurse's license including 24-hour nursing supervision.
(n) Assisting, applying, caring for and monitoring the application of anti-em stockings or hosiery as prescribed by the health care provider and in accordance with the manufacturers' guidelines.
(o) Administration and regulation of portable

(p) Applying, caring for and monitoring a transcutaneous electric nerve stimulator (TENS).
(q) care and maintenance.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to have a nurse available to provide Limited Nursing Services (LNS).

The findings include:

A review of the LNS records revealed there are no residents receiving LNS services at this time.

Surveyor requested to see a copy of the nursing license of nurse responsible for LNS services.

An interview on at 12:15 p.m. with Administrator revealed that she does not have a nurse available. She stated she had a nurse on contract when she started, but does not have a

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AN276	Continued From page 2 nurse currently contracted to provide nursing services for the LNS license. Class III	AN276		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Bayshore Guest Home
512 Bayshore Rd
Nokomis, FL 34275

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2013 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372