

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105650	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/21/2024
NAME OF PROVIDER OR SUPPLIER Bayshore Pointe Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3117 W Gandy Blvd Tampa, FL 33611	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure two resident rooms (203 and 207) were maintained in a sanitary manner in one hall (Hall 200) of two halls observed.</p> <p>Findings included:</p> <p>On 09/09/24 at 10:35 a.m. a tour of Hall 200 was conducted. room [ROOM NUMBER] was observed with brown and yellow stains on the walls and ceilings. The floor was observed with a slimy yellow substance in the corner. A white foam cup was observed on the floor next to the slimy yellow substance. Small flying insects were observed above the wall and on the resident's cup. The floors were observed with dirt and debris. The privacy curtain was observed with brown stains. The resident stated she reported to staff this morning that her room was not cleaned over the weekend.</p> <p>Additionally, room [ROOM NUMBER] on 09/09/24 10:44 a.m., was observed with loose bathroom tiles and stained ceiling tiles. A family member stated the room had been like that since the resident moved in.</p> <p>On 09/10/24 at 2:20 p.m. room [ROOM NUMBER] was observed with the same concerns related to the stained floors, walls, ceiling and privacy curtain.</p> <p>On 09/10/24 at 3:02 p.m. room [ROOM NUMBER] was observed with the same concerns as observed the day before.</p> <p>On 09/10/24 at 2:53 p.m. an observation was made of Staff C, Housekeeping Aide cleaning rooms in Hall 200. An interview with Staff C was attempted. She stated she did not speak English. Staff C could not answer any questions.</p> <p>On 09/12/24 at 10:30 a.m., a second interview was attempted with Staff C, Housekeeping Aide. While utilizing a language translation on her phone, Staff C stated the brown stains on the walls and ceiling were from a soda accident. She stated she did not know how long the soda stain had been there. She said, It has been a long time. Staff C stated she saw the stains on the walls before. She stated she would notify her supervisor.</p> <p>(continued on next page)</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/12/24 at 10:45 a.m. an interview was conducted with the Housekeeping Manager. She stated from what she had observed, the stains on the walls and ceilings could have been soda. She said, We had cleaned it before. It might be stained again. I don't know how long it has been there. She stated a maintenance staff member cleaned a similar spillage 4 to 5 months prior. She stated resident rooms should be cleaned daily. She stated she did not know why the rooms had stains on the floors. The Housekeeping Manager stated the housekeeper should clean the rooms daily and if there was a problem, they should let her know. The Housekeeping Manager said, It does not look good. We will clean it.</p> <p>On 09/12/24 at 10:56 a.m. an interview was conducted with the Director of Maintenance (DOM). He stated he was not aware there were stains on the walls and ceilings in rooms [ROOM NUMBERS]. He said, They may have notified someone else and not me. Staff should put in a work order if a room has repair needs. I will take care of it. He reviewed the photographic evidence and stated it was not homelike.</p> <p>On 09/12/24 at 12:04 p.m. an interview was conducted with the Nursing Home Administrator (NHA). The NHA reviewed the photographic evidence and stated they clean all resident's rooms daily. She stated some residents were non-compliant. She said, They do not allow us to clean. The resident in room [ROOM NUMBER] can be non-compliant. She spills soda in her room. staff will clean it up if she allows them. The NHA stated the building was showing wear and tear. She stated the room had a water leak that was repaired recently. She stated it should be painted over. She stated the guardian angel should have reported the stained walls and ceilings over and over until the issue was resolved.</p> <p>Review of a facility policy titled, 5-Step Daily Patient Room Cleaning, dated 1/1/2000, showed the purpose is to show housekeeping employees the proper cleaning method to sanitize a patient's room or any area in a healthcare facility. (3.) Spot clean walls. Vertical surfaces . must be spot cleaned daily. (4.) The entire floor must be dust mopped. (5.) The most important area of a patient's room to disinfect is the floor. This is where most airborne bacteria will settle so it needs to be sanitized daily.</p> <p>(Photographic Evidence Obtained)</p>