

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055956	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/12/2024
NAME OF PROVIDER OR SUPPLIER  Bridgewood Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  5901 Lemon Hill Ave Sacramento, CA 95824	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42255</b></p> <p>Based on observation, interview, and record review, the facility failed to follow proper infection prevention and control practices for two of three sampled residents (Resident 1, and Resident 2) when:</p> <ol style="list-style-type: none"> <li>1. Oxygen tubing was not labeled,</li> <li>2. Urinal 1/2 full of a yellow amber colored fluid was found sitting on top of the bedside table.</li> <li>3. The floor has multiple white shiny pieces of food laying on the floor next to the bed.</li> <li>4. Urinal was mislabeled.</li> </ol> <p>During an initial tour on 6/12/24 at 12:35 p.m., an observation of room [ROOM NUMBER] with three residents, Resident 2's bedside table had a urinal with yellow amber colored fluid in it, multiple white shiny pieces of food on the floor next to the bed. Resident 1 has a mislabeled urinal on his bedside table and his oxygen tubing was not labeled.</p> <p>During a concurrent observation and interview on 6/12/24 at 12:40 p.m., with Certified Nursing Assistant (CNA) 1, CNA 1 stated, That trash on the floor we don't even know what that is. I think it's an eggshell . CNA also confirmed the urinal for bed C is labeled for bed B. And stated, I know the urinal is his [bed C]. He moved and we just know that's his urinal.</p> <p>During a concurrent observation and interview on 6/12/24 at 1:05 p.m., with the Licensed Vocational Nurse (LVN), the LVN stated, Typically the night shift on Sundays is supposed to change the urinals and they're supposed to date it. There should never be urinals on the tables. They go inside the black bag. I would expect that are dated with the right room and right resident. Infection control is so important for the resident's safety. The LVN confirmed the urinal is mislabeled and the oxygen tubing is not dated.</p> <p>During an interview on 6/12/24 at 2:20 p.m., with the Director of Nursing (DON), the DON stated, The staff should follow the policy for tubing and the urinals. They [urinals] really should not be on the table.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility policy titled, Disinfection of bedpan and urinals dated 5/1/2023 indicated, Bedpans and urinals are handled in a manner to prevent the spread of infection through personal equipment . Bedpan and urinals are for single use only. [NAME] with the resident's name and discard upon discharge . Store bedpans and urinals in resident's bedside cabinet or drawer after placing in a plastic bag or as per facility policy.</p> <p>During a review of the facility policy titled, Oxygen Administration Infection Prevention, dated 5/1/2023 indicated, The purpose of this procedure is to guide the prevention of infection associated with respiratory therapy tasks and equipment, including ventilators, among residents and staff . Change the oxygen cannula and tubing every seven (7) days, or as needed.</p>		