

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/10/2026
NAME OF PROVIDER OR SUPPLIER Bridgewood Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5901 Lemon Hill Avenue 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)		
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure necessary respiratory care was provided to one of one sampled resident (Resident 1) when: the facility did not have evidence they applied Bipap (Bilevel Positive Airway Pressure, a non-invasive form of ventilation that delivers pressurized air through a mask to help you breathe) oxygen therapy to Resident 1 as needed.This failure had the potential to worsen Resident 1's chronic respiratory illnesses.A review of Resident 1's facesheet (demographic information) indicated multiple diagnoses including Pneumonia, Chronic Obstructive Pulmonary Disease (COPD, a progressive lung condition that causes obstruction of airflow and breathing difficulties), acute and chronic respiratory failure with hypercapnia (occurs when the lungs cannot adequately remove carbon dioxide (CO ² , the gas that we breathe out), leading to a dangerous buildup in the blood -hypercapnia), asthma, morbid obesity with alveolar hypoventilation (condition that occurs when excess body weight creates mechanical breathing difficulties, leading to chronically low oxygen and high carbon dioxide levels in the bloodstream), obstructive sleep apnea (OSA, a disorder where your throat muscles relax and repeatedly block your airway during sleep).A review of Resident 1's medical record indicated he was admitted to the facility on [DATE].A review of Resident 1's Skilled Nursing Facility admission Orders from the acute care hospital he was admitted from dated 10/24/24 indicated, Active hospital problems Diagnosis acute on chronic hypercapnic respiratory failure.CHF [congestive heart failure, a condition where the heart does not adequately pump blood to the body] exacerbation.asthma.adult obstructive sleep apnea, severe, obesity hypoventilation syndrome.Oxygen orders: Nightly BPAP [Bipap], pt [patient] may use his home machine [bipap settings to be used].A review of Resident 1's Baseline Care Plan dated 10/24/24 indicated, Special Treatment 1. BIPAP.A review of Resident 1's Order Summary Report dated 10/24/24-11/21/24 indicated, no order for the use of a Bipap machine.A review of Resident 1's Medication Administration Record (MAR) dated, October 2024, indicated no documentation for the application of a Bipap machine.A review of Resident 1's MAR dated, November 2024, indicated no documentation for the application of a Bipap machine.A review of Resident 1's comprehensive care plan during admission to the facility indicated, no care plan or interventions for the use of a bipap machine.During a concurrent interview and record review on 7/10/26, at 2:02 p.m., with Director of Nursing (DON), Resident 1's medical record was reviewed. Resident 1's medical record indicated, Resident 1 did not have an order to use Bipap while at the facility. Record indicated, no evidence for the use of Bipap on the MAR for October 2024 or November 2024. The DON stated that he did not see an order for Bipap, and Resident 1 should have had an order since it was ordered from the hospital in the admission orders. The DON further stated that there was no documentation the facility applied Bipap to Resident 1 on the MAR for October or November 2024. The DON stated the interdisciplinary team should have seen the admission order and made sure there was a care plan and order to instruct staff to apply Bipap and chart on the (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 055956	Facility ID: 055956 If continuation sheet Page 1 of 2

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	MAR that it was completed. The DON stated if Resident 1 did not use the Bipap there is a concern for worsening of his shortness of breath.A review of the facility's policy and procedure titled, CPAP/BiPAP Support dated 2015 indicated, Purpose 1. To provide the spontaneously breathing resident with continuous positive airway with or without supplemental oxygen. 2. To improve arterial oxygenation (PaO2) in residents with respiratory insufficiency, obstructive sleep apnea, or restrictive/obstructive lung disease. 3. To promote resident comfort and safety.Documentation Document the following in the resident's medical record: 1. General assessment .2.Time CPAP [Bipap] was started and duration of the therapy.		