

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Bridgeview Center		STREET ADDRESS, CITY, STATE, ZIP CODE 350 S Ridgewood Avenue Ormond Beach, FL 32174	
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50369</p> <p>Based on record review and staff interviews, the facility failed to ensure the completion of a Preadmission Screening and Resident Review (PASRR) for one (Resident #9) of two residents selected for PASRR review, from a total survey sample of 23 residents.</p> <p>The findings include:</p> <p>A review of Resident #9's medical record revealed that he was admitted to the facility on [DATE]. No PASRR was found for the resident's 1/17/2023 admission.</p> <p>Further review of the resident's record revealed that he was admitted with diagnoses including, but not limited to, dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance; major depressive disorder; schizoaffective disorder, bipolar type; brief psychotic disorder, and other specified persistent mood disorders.</p> <p>On 12/04/24 at 1:30 PM, the Director of Nursing (DON) was asked to provide Resident #9's admission PASRR. She provided a PASRR dated 2016.</p> <p>On 12/05/24 at 9:00 AM, the DON was asked if a more recent PASRR had been completed. She stated the facility had no PASRR for Resident #9 other than the one already provided and dated 2016. She was asked for the facility's policy for PASRR screening. No policy was received during the survey.</p> <p>On 12/05/24 at 11:56 AM, an interview was conducted with the Minimum Data Set (MDS) Coordinator and the DON. The MDS Coordinator was asked what she looked for when a PASRR had been completed by the transferring facility prior to the new resident's admission. She stated she did not check the PASRR for accuracy but when she had questions, she called the review organization for assistance. When asked about the facility's policy for PASRRs, she stated the facility did not have a policy for PASRRs. The DON was asked about the facility's policy for PASRRs. She also stated the facility had no policy for PASRRs. She stated, This one is on me. We did not do the screening.</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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