STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155790	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bridgewater Healthcare Center	14751 Carey Road Carmel, IN 46033

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. Based on interview and record review, the facility failed to ensure a resident with a nasogastric tube was sent to the hospital for an evaluation in a timely manner as ordered by the physician for 1 of 3 residents reviewed for enteral feedings. (Resident B)Findings include: During an interview, on 6/10/26 at 12:52 p.m., Resident B's family member indicated Resident B was transferred to the emergency room, on 2/16/26, for a clogged nasogastric tube (a tube which passes through the nose and down through the nasopharynx and esophagus into the stomach). The length of time the nasogastric tube had been clogged was uncertain, but it may have become clogged as early as 2/13/26. The emergency room personnel were unable to unclog the nasogastric tube either and the facility removed the tube on 2/17/26. The clinical record for Resident B was reviewed on 6/10/26 at 10:45 a.m. The diagnoses included, but were not limited to, cirrhosis of the liver, ascites, acute kidney failure, anxiety, and chronic obstructive pulmonary disease.A nursing progress note, dated 2/14/26 at 5:57 a.m., indicated the resident's feeding pump was alarming. The resident had recently been turned and repositioned with the pump off to lower his head for incontinent care. When the feeding tube was reactivated, the feeding tube would not flush. The nurse was unable to administer the resident's medications or restart the feeding at that time. A nurse practitioner's note, dated 2/14/26 and e-signed at 5:03 p.m., indicated the call was for a clogged nasogastric tube. The resident depended on the nasogastric tube for his medications and feedings. He did not like the idea of going to the emergency room but after a discussion he was agreeable to go. The resident had temporal wasting (thinning or loss of the temporalis muscle and underlying fat at the temples) and cachexia (a metabolic condition linked to an underlying chronic illness) present. His nasogastric tube was still present in his nose. The nasogastric tube could not be replaced in the facility, so he needed to be sent to the emergency room for replacement. A nursing progress note, dated 2/14/26 at 3:08 p.m., indicated the nasogastric tube was not functioning.A nursing progress note, dated 2/14/26 at 6:11 p.m., indicated the resident's nasogastric tube was clogged and he was going out to the hospital for it to be replaced. A nursing progress note, dated 2/14/26 at 7:41 p.m., indicated the resident's nasogastric tube was clogged and he was going out to the hospital for it to be replaced. A nursing progress note, dated 2/14/26 at 9:18 p.m., indicated the resident's nasogastric tube was clogged and he was going out to the hospital for it to be replaced. A nursing progress note, dated 2/15/26 at 2:28 a.m., indicated the nurse had obtained in report the resident was waiting to be picked up to go to the emergency room for a clogged nasogastric tube. The on-call service indicated they were setting up the transportation. A call was made to the on-call service to check on the status of the transportation. The on-call service indicated the transportation was for the facility to arrange. Resident B's nasogastric tube continued to remain clogged. Since the transportation was not emergent, the nurse asked the on-call provider if transportation could be arranged the next morning and the provider indicated that was okay. A nursing progress note, dated 2/15/26 at 7:31 p.m., indicated Resident B's nasogastric tube was clogged with unsuccessful attempts to get it flushed. The nurse was told management was aware of the situation. The resident ate pureed foods by mouth and had no issues taking his medications by mouth.A nursing progress note, dated 2/16/26 at 6:16 a.m., indicated the (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident's nasogastric tube was not patent. He was scheduled to have the tube replaced when transportation was arranged. A nurse practitioner's progress note, dated 2/16/26 at 10:00 a.m., indicated Resident B would be sent to the emergency room to get his nasogastric tube replaced. His spouse was aware the nasogastric tube was being replaced and indicated she would ask the hospital not to replace it as she wanted the nasogastric tube discontinued. A nursing progress note, dated 2/16/26 at 2:30 p.m., indicated the resident was transported to the hospital emergency room to have his nasogastric tube removed.A nursing progress note, dated 2/16/26 at 9:47 p.m., indicated the resident returned from the emergency room. His nasogastric tube was not unclogged, nor was it removed from his nose. A nurse practitioner's progress note, dated 2/17/26 at 1:00 a.m., indicated Resident B was seen in the hospital emergency room for an obstructed nasogastric feeding tube. The emergency room was unable to relieve the obstruction. He was sent back to the facility with directions to schedule an appointment with interventional radiology for replacement of the feeding tube. Resident B's wife requested the tube be removed and not replaced. She reported he had been eating more, and she felt he did not need the feeding tube anymore. The nursing staff reported Resident B had been eating all his meals. His weight remained steady. It was okay to remove the nasogastric feeding tube. A nursing progress note, dated 2/17/26 at 5:10 p.m., indicated the resident's nasogastric feeding tube was removed. Resident B was not sent to the emergency room to have his nasogastric tube assessed until 2/16/26, which was two (2) days after it had become clogged, and the nurse practitioner had indicated to send him to the emergency room.During an interview, on 6/10/26 at 10:59 a.m., the Director of Nursing indicated the nursing staff should have sent Resident B to the emergency room on 2/14/26, when the nurse practitioner had ordered him to go and have his clogged nasogastric feeding tube evaluated. A policy on following physicians' orders was not provided by the time of exit.This citation relates to Intake 3036639.410 IAC (Indiana Administrative Code) 3.1-44(a)(2)