STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265822	A. Building B. Wing	06/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bridgewood Health Care Center	11515 Troost Kansas City, MO 64131

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 0584 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22727 Based on observation, interview, and record review, the facility failed to ensure a comfortable and homelike environment by not maintaining the indoor air temperatures of resident rooms in the facility between 71.0 F (degrees Fahrenheit) and 81.0 F for 20 sampled residents (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, and #22) with room temperatures ranging from 82.0 degrees Fahrenheit (F) to 86.7 F. Resident #1 reported he/she had to sleep in the common area due to the discomfort of her personal room. Resident #2 said he/she felt his/her heart was in distress. Resident #3 said he/she had hot sweats when trying to nap during the day and has had to go sleep in the TV room twice because of the heat. Resident #4 said his/her room needed a new motor for the air-conditioner (A/C) for two weeks, he/she slept on top of his/her bedding because it was too hot to sleep under and he/she was hot and sweaty. The facility failed to have a comprehensive monitoring system including documentation for the air temperatures to maintain documentation for all ongoing maintenance for cooling units in the facility and to conduct random monitoring. This had the potential to affect all residents in the building. The facility census was 164 residents. The Administrator was notified on 6/14/24 at 5:11 P.M., of the Immediate Jeopardy (IJ) which began on 6/14/24. The IJ was removed on 6/20/24, as confirmed by surveyor onsite verification. Review of the facility's policy titled Emergency Operations Plan dated October 2017 showed: -In the case of heating, ventilation, and air conditioning (HVAC) failure, the charge nurse should be notified. -The charge nurse should notify the facilities manager of any HVAC failure. -The facilities manager will contact repair companies. -If repair companies response times exceeded two hours for repairs, contact additional repair companies as needed. -In cases of extreme heat, resident comfort and safety shall be top priority. -In cases of extreme heat, fans will be utilized if the HVAC outage is expected to be of short duration. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER: Bridgewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 11515 Troost, Kansas City, MO 64131	

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 0584 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-Interior temperatures should not exceed 81 F. -Residents will be relocated to a cooler location inside the facility if possible. -Dietary and nursing will ensure residents will have ample ice water on hand unless contraindicated. -Conduct daily temperature checks. -Hourly facility temperatures shall be performed and documented for tracking during air conditioning outages. -The room temperature thermometers and the temperature logs shall be given to the staff by the Maintenance Director or a designee of the maintenance director in the event they are needed. Until needed, both the thermometer and logs will be kept in the maintenance office. -In cases of dangerous heat or prolonged exposure, the Director of Nursing (DON) and/or Administrator may choose to initiate a facility evacuation to a shelter or mutual aid facility. Review of the facility's A/C repair log dated 5/29/24 showed: -31 resident room A/C units out of 73 resident rooms were not working properly. -21 resident room A/C units were ok. -One resident room A/C unit had no power. -One resident room A/C unit had power, but would not run. -18 resident room A/C units were not running. -Three resident room A/C units had mild air. -One resident room A/C unit was noisy and had mild air. -Three resident room A/C units were noisy, but ok. -One resident room A/C unit was possibly ok and needed a knob. -Two resident room A/C units were ok, but had panel errors. -One resident room A/C unit needed receptacle with fuses and knobs. -One resident room A/C unit had a panel error. -The following repairs had been made to five resident room A/C units: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER Bridgewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11515 Troost Kansas City, MO 64131	

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 0584 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	--One resident room A/C unit that was documented as being ok during the initial audit, but fuses were replaced on 5/30/24. --Two resident room A/C units that were not running had fuses replaced and were ok. --Three resident room A/C units that were documented as not running showed: ---No power was written next to all three. ---Two of them had fuses? written next to no power and the fuses? was check-marked on two of them. Review of the Weather Underground's website for local weather for the city and state where the facility was located from 6/14/24 through 6/16/24, showed the daily high temperatures and heat index were: -On 6/14/24; Daily high temperature of 87 F. -On 6/15/24; Daily high temperature of 87 F. 1. Observation on 6/14/24 from 1:07 P.M. to 4:00 P.M. with the Minimum Data Set (MDS-a federally mandated assessment completed by facility staff for care planning) Coordinator showed: -Resident room [ROOM NUMBER] was 84.6 F. -Resident room [ROOM NUMBER] was 84.0 F. (The Facility Maintenance Director and the Regional Maintenance Director were also present). -Resident room [ROOM NUMBER] was 82.9 F. -Resident room [ROOM NUMBER] was 82.7 F. -Resident room [ROOM NUMBER] was 82.7 F. -Resident room [ROOM NUMBER] was 81.9 F. -Resident room [ROOM NUMBER] was 84.0 F. Observation on 6/14/24 from 5:42 P.M. to 6:44 P.M. with the Assistant Director of Nursing (ADON) showed: -Resident room [ROOM NUMBER] was 82.4 F. -Resident room [ROOM NUMBER] was 83.7 F. -Resident room [ROOM NUMBER] was 81.7 F. -Resident room [ROOM NUMBER] was 81.2 F. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER Bridgewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11515 Troost Kansas City, MO 64131	

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 0584 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-Resident room [ROOM NUMBER] was 86.0 F. -Resident room [ROOM NUMBER] was 84.0 F. -Resident room [ROOM NUMBER] was 82.9 F. -Resident room [ROOM NUMBER] was 85.6 F. -Resident room [ROOM NUMBER] was 86.7 F. -Resident room [ROOM NUMBER] was 82.5 F. -Resident room [ROOM NUMBER] was 85.8 F. -Resident room [ROOM NUMBER] was 82.9 F. Observation on 6/15/24 from 3:43 P.M. to 4:46 P.M. with the DON and Staffing Coordinator showed: -Resident room [ROOM NUMBER] was 82.0 F. 2. Review of Resident #2's admission MDS dated [DATE], showed the following staff assessment of the resident: -Cognitively intact. -Some of his/her diagnoses included heart failure, high blood pressure, kidney disease, and anxiety (psychiatric disorder that involve extreme fear, worry and nervousness). Observation and interview on 6/14/24 at 1:57 P.M., showed: -The resident said: --He/She was hot. --His/her A/C unit was not working, and the controls were covered so he/she could not change the setting. --He/She had a heart condition, and the heat was causing distress on his/her heart. -The resident was wearing a sleeveless night gown. -The A/C unit in the resident's room was not blowing any air and the controls were covered up and not accessible. -The room temperature was 84.0 F. 3. Review of Resident #1's quarterly MDS dated [DATE], showed the following staff assessment of the resident: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER: Bridgewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 11515 Troost, Kansas City, MO 64131	

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 0584 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-Cognitively intact. -Had verbal, physical and other behavioral symptoms. -Some of his/her diagnoses included psychotic disorder (severe mental disorders that cause abnormal thinking and perceptions), schizophrenia (a chronic mental illness that interferes with a person's ability to think clearly, to distinguish reality from fantasy, to manage emotions, make decisions, and relate to others) post-traumatic stress disorder (PTSD can develop after experiencing or witnessing a traumatic event in which symptoms can include flashbacks, nightmares, severe anxiety and uncontrollable thoughts about the event) and an anxiety disorder. Observation on 6/14/24 at 2:02 P.M. showed: -The resident was wearing a spaghetti-strap short dress. -The A/C unit was not blowing any air. -The room temperature was 84.8 F. During an interview on 6/14/24 at 2:15 P.M., the resident said: -He/She had been sleeping in the relaxation room because his/her room was too hot, and it made him/her sweat when he/she slept in his/her room. -He/She reported that his/her room was hot to the Administrator and the night shift aide. -Maintenance said they were ordering a part to fix his/her air conditioning unit about four days ago. 4. Review of Resident #5's quarterly MDS dated [DATE], showed the following staff assessment of the resident: -Had short-term and long-term memory impairment. -Had severely impaired cognitive skills for decision-making. -Had verbal and physical behaviors. -Some of his/her diagnoses included high blood pressure, bipolar disorder (a disorder characterized by extreme mood swings from depression to mania), psychotic disorder (severe mental disorder that cause abnormal thinking and perceptions) and schizophrenia (a chronic mental illness that interferes with a person's ability to think clearly, to distinguish reality from fantasy, to manage emotions, make decisions, and relate to others). Observation and interview on 6/14/24 at 2:12 P.M., showed: -The resident was wearing a sleeveless dress and was lying on his/her bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER Bridgewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11515 Troost Kansas City, MO 64131	

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 0584 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-The resident did not respond to attempts of questions about his/her comfort level in his/her room. -The room temperature was 82.9 F. 5. Review of Resident #3's annual MDS dated [DATE], showed the following staff assessment of the resident: -Cognitively intact. -Had verbal and other behavioral symptoms. -Some of his/her diagnoses included irregular heart rhythms, high blood pressure, diabetes (a deficiency or complete lack of insulin secretion in the pancreas or resistance to insulin), schizophrenia, PTSD, and an anxiety disorder. Observation and interview on 6/14/24 at 2:42 P.M., showed: -The resident was wearing shorts and a short-sleeve shirt. -The resident said: --His/Her A/C unit was not putting out any cool air and it was hot in his/her room. --It's been hot in his/her room about two weeks. --He/She did not tell anyone his/her room was hot, but his/her roommate told someone. --He/She has woken up in a hot sweat when napping in his/her room. --He/She slept in the chair in the television room a couple of times because it's been so hot in his/her room and the television room was cooler. -The room temperature was 82.7 F. Observation and interview on 6/14/24 at 5:58 P.M. showed: -The A/C was not working. -The resident's window was open. -There were no blinds on the resident's window. -The room temperature was 81.2 F per surveyor thermometer and 80.7 F per facility thermometer. 6. Review of Resident #4's annual MDS dated [DATE] showed the following staff assessment of the resident: -Cognitively intact. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER Bridgewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11515 Troost Kansas City, MO 64131	

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 0584 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-Some of his/her diagnoses included high blood pressure, seizure disorder, bipolar disorder, schizophrenia, and an anxiety disorder. Review of Resident #12's annual MDS dated [DATE] showed the following staff assessment of the resident: -Severely cognitively impaired. -Some of his/her diagnoses included heart failure, high blood pressure, diabetes, seizure disorder, schizophrenia, and an anxiety disorder. Observation and interview on 6/14/24 at 2:47 P.M. showed: -Resident #4 was wearing shorts and a short sleeve shirt. -Resident #12 was wearing a sleeveless dress. -There was no fan in the room. -The A/C unit in the room was not blowing cool air. -Resident #4 said: --It's hot in his/her room. --They needed a new motor in their A/C unit for two weeks. --He/She sleeps on top of his/her bedding because it was too hot to sleep under the bedding and he/she got sweaty. -The room temperature was 82.7 F. 7. Review of Resident #13's quarterly MDS dated [DATE], showed the following staff assessment of the resident: -Cognitively intact. -Some of his/her diagnoses included a lung disease, bipolar disease and schizophrenia. Review of Resident #14's quarterly MDS dated [DATE], showed the following staff assessment of the resident: -Cognitively intact. -Some of his/her diagnoses include diabetes, schizophrenia, and an anxiety disorder Observation and interview on 6/14/24 at 2:51 P.M., showed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER: Bridgewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 11515 Troost Kansas City, MO 64131	

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 0584 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-The A/C unit was turned off. -The MDS Coordinator turned it on. -The A/C unit was really loud. -The MDS Coordinator said Resident #14 had told him/her previously their A/C unit was loud. -The room temperature was 81.9 F. 8. Review of Resident #6's quarterly MDS dated [DATE], showed the following staff assessment of the resident: -Cognitively intact. -Some of his/her diagnoses included diabetes, psychotic disorder, schizophrenia, and an anxiety disorder. Observation on 6/14/24 at 2:56 P.M., showed: -The resident was not in his/her room. -The A/C unit was on but the air it was blowing was not cool. -The room temperature was 84.0 F. Observation on 6/14/24 at 5:50 P.M., showed: -There were no blinds on the window. -The resident was wearing pants and a t-shirt. -The A/C unit was not working. -The resident said: --He/She was hot and uncomfortable. -The room temperature was 86.0 F per surveyor thermometer and 83.8 F per facility thermometer. 9. Review of Resident #15's quarterly MDS dated [DATE], showed the following staff assessment of the resident: -Cognitively intact. -Some of his/her diagnoses included a seizure disorder and schizophrenia. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER Bridgewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11515 Troost Kansas City, MO 64131	

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 0584 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of Resident #16's annual MDS dated [DATE], showed the following staff assessment of the resident: -Severely cognitively impaired. -Some of his/her diagnoses included Alzheimer's Disease (a progressive loss of brain cells that leads to memory loss and the decline of other thinking skills), a stroke, multiple sclerosis (a neurological disease in which there is impaired sensory and motor nerve function), seizure disorder, anxiety disorder, schizophrenia and a lung disease. Observation and interview on 6/14/24 at 6:18 P.M., showed: -Residents #15 and #16 said the temperature in their room was ok. -The room temperature was 82.9 F per surveyor thermometer and 80.7 F per facility thermometer. 10. Review of Resident #17's quarterly MDS dated [DATE], showed the following staff assessment of the resident: -Severely cognitively impaired. -Some of his/her diagnoses included heart disease, high blood pressure, stroke, hemiplegia (complete paralysis on one side of the body) or hemiparesis (partial weakness on one side of the body). Review of Resident #18's MDS dated [DATE], showed the following staff assessment of the resident: -Cognitively intact. -Some of his/her diagnoses included high blood pressure, kidney disease, and diabetes. Observation and interview on 6/14/24 at 6:20 P.M., showed: -Resident #17 had a fan blowing on him/her. -Resident #17 said: --It's hot in their room every day. --He/She did not tell anyone his/her room was hot. --He/She did not want to talk about it anymore. -Resident #18 said: --It got warm in their room today. --Today was the first day it was warm in their room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER Bridgewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11515 Troost Kansas City, MO 64131	

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 0584 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	--He/She did not tell anyone his/her room was too warm. -Resident #18 was wearing jeans and a short-sleeve shirt. -The shade was pulled down and covered the window. -Air was slightly coming out of the A/C unit. -The room temperature was 84.0 F per surveyor thermometer and 82.0 F per facility thermometer. 11. Review of Resident #19's quarterly MDS dated [DATE], showed the following staff assessment of the resident: -Cognitively intact. -Some of his/her diagnoses included dementia (a progressive mental disorder characterized by memory problems, impaired reasoning, and personality changes), psychotic disorder, schizophrenia, and an anxiety disorder. Observation and interview on 6/14/24 at 6:22 P.M., showed: -The resident was wearing shorts and a short-sleeve shirt. -The resident said: --It was hot in his/her room. --The window shade did not come down. -The window shade could not be pulled down over the window. -The room temperature was 85.6 F per surveyor thermometer and 81.8 F per facility thermometer. 12. Review of Resident #20's quarterly MDS dated [DATE], showed the following staff assessment of the resident: -Unable to complete the mental status assessment. -Did not have short-term or long-term memory problems. -Some of his/her diagnoses included diabetes, bipolar disorder schizophrenia, and an anxiety disorder. Observation and interview on 6/14/24 at 6:25 P.M., showed: -The resident said: --He/She was hot. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER Bridgewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11515 Troost Kansas City, MO 64131	

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 0584 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	--The facility was supposed to fix their A/C unit years ago. --He/She's told everyone under the sun that his/her room was hot. --The hall was cooler than his/her room, so he/she opened his/her door at night to try to cool his/her room off. -The room temperature was 86.7 F per surveyor thermometer and 83.0 F per facility thermometer. 13. Review of Resident #22's admission MDS dated [DATE], showed the following staff assessment of the resident: -Cognitively intact. -Had a diagnosis of schizophrenia. Observation on 6/14/24 at 6:32 P.M., showed: -The window shade was down all the way. -The room temperature was 82.5 F per surveyor thermometer and 80.7 F per facility thermometer. 14. Review of Resident #21's annual MDS dated [DATE], showed t the following staff assessment of the resident: -Cognitively intact. -Had a diagnosis of schizophrenia. Observation and interview on 6/14/24 at 6:34 P.M., showed: -The A/C unit in their room did not work. -There was a curtain covering the top 1/4th of the window. -The resident said: --It was too hot in his/her room. --His/her roommate opened their window. -The A/C unit did not work. -There was a curtain covering the top 1/4th of the window. -The room temperature was 85.8 F per surveyor thermometer and 83.6 F per facility thermometer. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER Bridgewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11515 Troost Kansas City, MO 64131	

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 0584 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	15. Review of Resident #7's quarterly MDS dated [DATE], showed the following staff assessment of the resident: -Moderately cognitively impaired. -Some of his/her diagnoses included bipolar disorder, schizophrenia, PTSD, and an anxiety disorder. Observation and interview on 6/14/24 at 6:00 P.M. showed: -The A/C unit was not working. -There was a fan in the room. -The window was covered. -The resident said he/she was hot. -The room temperature was 82.4 F degrees. 16. Review of Resident #8's annual MDS dated [DATE], showed the following staff assessment of the resident: -Cognitively intact. -Some of his/her diagnoses included bipolar disease, schizophrenia, PTSD an anxiety disorder. Observation on 6/14/24 at 6:11 P.M. showed: -There was no glass in the resident's window. -The A/C unit was not working. -The room temperature was 83.7 F per surveyor thermometer and 81.9 F per facility thermometer. 17. Review of Resident #9's annual MDS dated [DATE], showed the following staff assessment of the resident: -Cognitively intact. -Some of his/her diagnoses included irregular heart rhythm, heart failure, high blood pressure, kidney disease, diabetes, anxiety disorder, schizophrenia, lung disease and respiratory failure. Observation on 6/15/24 at 3:43 P.M. showed: -The resident was bedbound with only a sheet covering him/her. -The A/C unit was not working. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER Bridgewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11515 Troost Kansas City, MO 64131	

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 0584 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-The room temperature was 81.0 F per surveyor thermometer, 82.0 per resident thermometer and 82.0 F per facility thermometer. 18. During an interview on 6/14/24 at 12:57 P.M., the DON said: -They were working on their A/C. -The facility purchased portable A/C units a day or two ago. -They put up thermometers by the thermostats to ensure accuracy. During an interview on 6/14/24 at 1:05 P.M., the Regional Maintenance Manager said: -They had 10 Portacool (a cooler that uses energy from hot air to evaporate water, which cools the air) units running throughout the building because he/she knew the outside temperature was going to get hot. -They bought five smaller A/C units so they would be prepared if they had any resident room A/C units that were not working, they could place them in the individual resident rooms. During an interview on 6/14/24 at 1:46 P.M., the Regional Maintenance Manager said: -They were doing routine maintenance on the A/C units. -They had one A/C unit that the pump went out on in the dining room, and they replaced it. -There were generally two reasons the A/C units were not working, and those reasons were that the units lacked air flow or there was not the correct amount of freon in the units. During an interview on 6/14/24 at 2:18 P.M., the Regional Maintenance Manager said the facility Maintenance Director had been checking room temperatures randomly. During an interview on 6/14/24 at 2:51 P.M., the MDS Coordinator said the night nurse reported to the day nurse that it was hot at the nurses' station on the women's unit, but they had the smoke deck doors open. During an interview on 6/14/24 at 3:50 P.M., the facility Maintenance Director said: -He/She had been taking daily, random temperatures of one room on each of the three units and two temperatures in the basement since the beginning of May 2024. -He/She did an audit on all the air conditioner units about a week ago and 22 of the units had no power -The plan was to service each of the A/C units that were not working and to determine what was wrong with them. During an interview on 6/14/24 at 4:50 P.M., the Regional Maintenance Director said: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER Bridgewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11515 Troost Kansas City, MO 64131	

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 0584 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-No one reported to him/her any high temperatures, out of range temperatures (above 81 F) in resident rooms or common areas, or A/C units not working. -Facility maintenance was responsible for monitoring and reporting any increased temperatures or A/C equipment not working to his/her supervisor and the facility Administrator. During an interview on 6/20/24 at 3:05 P.M., the DON said: -He/She would have expected the room temperatures to always be kept between 71 F and 81 F. -If there were any temperatures 81 F, he/she would have expected the staff to contact him/her, the Administrator, and the Director of Maintenance. -He/She would have expected the Director of Maintenance to come to the facility to perform temperature checks in the building and if there were significant issues to trouble shoot the problem. -If they were unable to fix the problem, he/she would have expected them to call in outside assistance to help. -He/She would have expected the staff to keep the residents as cool as possible, increase water consumption, increase assessments to ensure no residents got too hot, move residents to cooler areas, offer cool towels obtain fans for the rooms. -On 5/30/24 when the issues first were found, he/she would have expected them to fully trouble shoot the problem and follow through with temperature monitoring, as well as do all of the above to keep residents comfortable. NOTE: At the time of the survey, the violation was determined to be at the immediate and serious jeopardy level K. Based on observation, interview and record review completed during the onsite visit, it was determined the facility had implemented corrective action to address and lower the violation at the time. A revisit will be conducted to determine if the facility is in substantial compliance with participation requirements. At the time of exit, the severity of the deficiency was lowered to the E level. This statement does not denote that the facility has complied with State law (Section 198.026.1 RSMo.) requiring that prompt remedial action be taken to address Class I violation(s). MO00237577

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER Bridgewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11515 Troost Kansas City, MO 64131	

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 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder. 35013 Based on interview and record review, the facility failed to provide appropriate treatment and services to deescalate one sampled resident (Resident #2) out of 22 sampled residents, who was displaying emotional and behavioral adjustment difficulty. The facility census was 164 residents. 1. Review of Resident #2's Preadmission Screening and Resident Review (PASRR, a federally required assessment to ensure that individuals who have a mental disorder or intellectual disabilities are not inappropriately placed in nursing homes for long term care), dated 6/4/10, showed the following diagnoses: --Schizophrenia (a severe psychiatric disorder with symptoms of emotional instability, detachment from reality, and withdrawal into the self). --Psychosis (a mental disorder in which there is a severe loss of contact with reality). --Personality Disorder (a condition characterized by repetitive behavioral patterns that are contrary to usual moral and ethical standards and cause a person to experience continuous conflict with society). --Obsessive Compulsive Disorder (OCD-is an anxiety disorder characterized by intrusive thoughts that produce uneasiness, apprehension, fear, or worry; by repetitive behaviors aimed at reducing the associated anxiety; or by a combination of such obsessions and compulsions). --Mood Disorder (a variety of conditions characterized by a disturbance in mood as the main feature). --Post Traumatic Stress Disorder (PTSD-a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event) Review of the resident's Nursing Care Plan, dated 3/26/24, showed: - A history of being aggressive and impulsive and could act out violently if triggered. - Facility staff to provide living skills training, a personal support network and a structured environment for the resident. - Resident to attend at least four therapeutic and education groups per week to assist the resident with gaining peer support as well as receiving the resources needed to address past trauma. - Facility staff to provide specific services to assist the resident with managing his/her behaviors and mental illness. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bridgewood Health Care Center	11515 Troost Kansas City, MO 64131

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 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The behavioral health plan indicated due to his/her history of risk-taking behavior, aggression and inappropriate behaviors. -Facility staff to be aware of his/her triggers- which included being lied to. -Facility staff to know his/her coping skills- which were smoking, listening to music, exercising, talking to specific staff members, and quiet time where he/she was by himself/herself. -Resident had behaviors related to his/her mental illness that created disturbances which affected others such as yelling, cursing and name calling directed at staff. -Resident to participate in individual counseling to address his/her triggers, grief and loss as well as his/her PTSD. -Facility staff to listen to what the resident says, behave in a calm manner, especially when the resident was at a high level of anxiety. -With the resident having PTSD, he/she could be often fearful, so the facility staff should provide a calm, relaxing and reassuring environment to help alleviate his/her anxiety and promote a feeling of safety. -His/her triggers were violating his/her personal space, yelling at him/her and being ignored. -Facility staff should have been aware of his/her triggers and attempt to remove the resident from the trigger. Review of the resident's quarterly Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff and used for care planning), dated 5/2/24, showed he/she was cognitively intact. Observation of the incident video dated 6/15/24 showed: -At 5:46 08 P.M., Resident #2 approached LPN A with his/her hands out. LPN A had put his/her hands up to block the resident. -At 5:46 15 P.M., Resident #2 grabbed LPN A's left arm and shoved LPN A. LPN A and the resident slapped at each other's hands. -At 5:46 16 P.M., LPN A stepped toward the resident, with his/her arms out. -At 5:46 18 P.M., Resident #2 motioned backwards and fell to the floor. Record review of the Administration Registered Nurse (RN) Investigation (RNI) dated 6/15/24 showed: -The incident involved Resident #2 and LPN A on 6/15/24. -The resident reported he/she was pushed by LPN A after he/she used the phone to call his/her family member. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER Bridgewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11515 Troost Kansas City, MO 64131	

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 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The resident had received a package and it was to have included a watch and a check, however the check was not inside the package as the family member had told him/her. -The resident saw LPN A and pushed him/her. -LPN A and Resident #2 then swatted at one another before LPN A rushed the resident causing him/her to fall to the floor. -The resident had a history of generalized pain and was medicated for pain. -The resident did complain of some knee pain so an x-ray was completed and pain medication was administered. -There was no injury found. -LPN A had first used proper blocking technique. Then LPN A stepped forward toward the resident and pushed the resident. The resident fell to the floor. Review of Resident #2's written statement dated 6/15/24 showed: -He/she went to use the phone to call his/her family member but the family member did not answer. -The family member thought the resident got the check sent in a package with a watch, however there was no check in the package and the resident wanted his/her family member to know. He/she called the police and asked them to leave a message and go to his/her family member's apartment. -LPN A said he/she was going to unplug the phone because the resident called the police. -He/she called his/her family member a few more times with no answer. -He/she got frustrated and pushed LPN A. -The resident and LPN A were swatting at each other. -He/she pushed LPN A again and LPN A shoved him/her down. -He/she got up by himself/herself and asked LPN A what LPN A was scared of. During an interview on 6/20/24 at 10:15 A.M., Resident #2 said: -Someone had stolen his/her check. -LPN A pushed him/her and it made him/her mad. -He/she was not scared of LPN A. Record review of LPN A's undated written statement showed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER: Bridgewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 11515 Troost, Kansas City, MO 64131	

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 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/she was trying to get a flashlight out of his/her medication cart when Resident #2 came around the corner and pushed him/her. -He/she was not pushed hard so he/she thought the resident was playing as the resident frequently did. -After LPN A unlocked his/her medication cart, the resident pushed him/her again to which LPN A asked the resident to stop as he/she was busy with another resident. -The resident then began to yell about money accusing the facility of not giving him/her, his/her check. -He/she called a Code Green. -While attempting to get his/her medication cart keys back out, the resident tried to hit him/her. -He/she put his/her arms up to protect himself/herself from the hit. -He/she then grabbed his/her walkie talkie again and the resident fell . -He/she was then able to call for a Code [NAME] again and proper staff responded. During an interview on 6/25/24 at 3:38 P.M., LPN A said: -He/she was attempting to get a flashlight out of his/her medication cart when Resident #2 came around the corner and pushed him/her. -He/she had worked at the facility for over five years and knew the resident well and thought the resident was being playful with him/her. -He/she had not been told of any issues with the resident and he/she was not aware that the resident was upset, nor did the resident appear upset. -The resident did not say anything when he/she pushed LPN A, so the LPN was confused as to what was going on. -LPN A told the resident to stop as he/she was busy helping another resident at the time. -The resident then began to yell about money stating that LPN A or someone at the facility had stolen a check from him/her. -At the point the resident began to yell, LPN A took his/her walkie talkie out and thought he/she called a Code Green. -As LPN A was attempting to get his/her medication cart keys back out, the resident grabbed LPN A's walkie talkie, throwing it at him/her and again pushed and attempted to take a swing so LPN A blocked the hit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bridgewood Health Care Center	11515 Troost Kansas City, MO 64131

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 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The resident then shoved again and instead of backing away as he/she knew he/she should have done, he/she stepped forward towards the resident putting his/her hands up to block and in turn, shoved the resident causing the resident to fall to the floor. -The resident continued to yell so LPN A called another time for a Code [NAME] and extra staff came to assist, allowing LPN A to remove himself/herself from the incident. During an interview on 6/21/24 at 2:00 P.M., the Director of Nursing (DON) said: -He/she would have expected that LPN A follow the resident's nursing care plan and not walk toward the resident when the resident was escalated. -He/she would have expected LPN A to de-escalate the resident and not shove the resident backward. MO00237674