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	01/31/2025

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34927 Based on observation, interview, and record review, the facility failed to ensure five sampled residents (Resident #23, #28, #34, #44, and #46) were free from physical abuse. During a staff to resident abuse, Resident #44 was pushed to the corner of the wall, and held in place with a forearm against the resident chest area, resulting in bruising. During a resident to resident altercation, Resident #28 was attacked by Resident #23, ending up with both residents on the floor, hitting and pulling each other's hair and banging each other's head on the floor. Resident #23 sustained bruising to both eyes. Resident #28 was bit in the face, resulting in the resident's right upper cheek being punctured and a bump to the back right side and middle center of his/her head. On 1/12/25, Resident #34 was in the hallway, without his/her required 1-1 staff oversight. Resident #25 came up behind Resident #34, grabbed Resident #34, and took Resident #34 to the ground, banging Resident #34's head on the ground. Resident #25 yelled out I told you I would get you. Resident #34 expressed fear of Resident #25, whose room is located directly across the hall from Resident #34. Lastly, Resident #33 threw a four-legged chair with metal legs at Resident #46, resulting in redness to the shoulder and chest area and a small knot on his/her left outer upper arm. Twenty-six residents were sampled. The facility census was 161. The Administrator was notified on 1/28/25 at 4:45 P.M. of the Immediate Jeopardy (IJ) which began on 1/12/25. The IJ was removed on 1/29/25, as confirmed by surveyor onsite verification. Review of the facility Resident Rights Policy, dated 7/5/23, showed: -Purpose was to ensure that resident rights are protected. -Resident has the right to be free from verbal, sexual, mental and physical abuse, corporal punishment and involuntary seclusion. -See abuse and neglect policy. Review of the facility Abuse and Neglect Policy, dated 6/12/24, showed: -Abuse is the willful infliction of injury, intimidation or punishment with resulting physical harm, pain or mental anguish. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265822	A. Building B. Wing	01/31/2025

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. -Physical abuse is purposefully beating, striking, wounding, or injuring any resident or any manner whatsoever mistreating or maltreating a resident in a brutal or inhumane manner. -Physical abuse also includes, but is not limited to, hitting, slapping, punching, biting, and kicking. Review of the facility's undated handbook for Crisis Prevention Intervention (CPI- the technique taught and used to de-escalate and/or physically redirect residents with mental illness who have an escalated behavior) showed: -Safety interventions range from verbal and environmental non-restrictive interventions to non-restrictive disengagements and restrictive interventions. The goal is to choose the safety intervention that is a last resort, reasonable and proportionate. -Disengagements and restrictive interventions are not risk-free and are highly traumatic for everyone involved. It can affect a person physically and mentally. These effects can be long lasting or even life-threatening. -Many individuals in your care might have already been through traumatic experiences. A disengagement or restrictive intervention can trigger previous traumatic experiences. -Holding. A restrictive safety intervention necessary to restrict a person's range of movement to prevent the infliction of harm to self or others. -Standing Hold: Medium Level Restriction - Staff begin in the low level restriction. Apply the Outside Principle by placing the palm of your furthest hand at the resident elbow. Apply the Inside Principle, bringing your nearest arm underneath and resting your arm over the person's forearm. Cup your hand to avoid gripping and squeezing. Stand close, adjusting your furthest leg so you remain balanced and stable. Use your body to maintain contact at the shoulder, hip and thigh. Encourage the person to keep their arms in front of their body. 1. Review of Resident #44's Admission Record showed he/she admitted to the facility on [DATE] with the following diagnoses: -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). -Psychosis (a mental state involving loss of contact with reality and causing deterioration of normal social functioning) NOS (Not otherwise specified). Review of the resident's Quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning), dated 12/24/24, showed he/she was cognitively intact. Review of the resident's Individualized Service Care Plan (ISCP) dated 1/25/25 showed: (continued on next page)

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	01/31/2025

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-Mental health Interventions/De-escalation. --Staff should avoid arguing or getting defensive with the resident. --Staff should be respectful, honest and nonjudgmental at all times. --Staff should respect his/her personal space. Residents that hallucinate are often fearful of people coming near them. Staff should be careful when using reassuring touch. -Behavior/Mood. --CALM (Crisis Alleviation Method for behavior events) technique if needed. --Staff should intervene as necessary to protect the rights and safety of others. --Staff should approach and speak in a calm manner. --Staff should divert the resident attention and remove the resident to alternate location as needed. Review of the facility undated video showed: -In the bottom left hand corner of the video was the title back hall activity room. -Resident #44 was standing in the common area holding a coffee. -Activity Aide A walked toward Resident #44. -Resident #44 and the Activity Aide were looking at one another. -Activity Aide A had his/her hand on the door to the wash room and opened it wider. -Resident #44 backed into the doorway. -Activity Aide A stepped back and then forward and went into the door frame of the laundry room. -Resident #24 was at the table standing looking toward the open doorway to the laundry room. Resident #24 pointed to staff in the hallway. -Certified Medical Technician (CMT) A looked into the laundry room and walked away. -Resident #44 and Activity Aide A were off camera. Review of the resident's Incident Statement, dated 1/25/25, showed: -Approximately 12:30 P.M. to 1:00 P.M., Resident #24 came to the Licensed Practical Nurse (LPN) H and said Activity Aide A had pushed Resident #44 into the washer, breaking the washer and then pushed Resident #44 against the wall with his/her forearm, and held Resident #44 on/his upper torso. (continued on next page)

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	01/31/2025

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-Resident #44 was assessed for injury and a small abrasion on the resident's left elbow was found. -When Resident #44 was asked what happened, he/she said he/she hit the wall. Review of the resident's Psychosocial Post-Incident Questionnaire, dated 1/25/25, showed: -The resident was a victim. -He/she was trying to get coffee and he/she told Activity Aide A to leave him/her alone. -Activity Aide A pushed him/her into the washer. Review of the resident's undated written statement showed: -Activity Aide A pushed him/her into the wall in the back locked unit common area. -Activity Aide A used his/her elbow to move the resident back into the wall. During an interview and observation on 1/28/25 at 12:00 P.M., the resident said: -One of the staff told him/her shut up and that he/she could not have any more coffee. -Activity Aide A pushed him/her into the washer. -Resident #24 saw Activity Aide A do it. There were more staff in the room, but he/she was not sure of their names. -He/She was not afraid of Activity Aide A, but was upset with Activity Aide A and did not want to work with Activity Aide A again. -He/She wanted to press charges against Activity Aide A. -The washroom door was open in the common area, when Activity Aide A grabbed him/her and pushed against the washer. Activity Aide A then pushed him/her toward the dryer, until he/she was against the wall between the dryer and the wall in the corner. -Activity Aide A then held him/her in place with a forearm against his/her chest. -An observation with the Director of Nurses (DON) showed the resident: -Had a softball size bruise above the elbow with a raised rash and moon shaped scrape in the center. -The bruising was yellow to light green around the edge of the bruising. -The DON described the bruise as softball size, with a half inch scab. The DON said the color of the bruising indicated it was two or three days old and matched the timeline of the altercation with Activity Aide A. (continued on next page)

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	01/31/2025

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of Resident #24's MDS, dated [DATE], showed he/she was cognitively intact. Review of Resident #24's undated written statement showed: -He/She witnessed Activity Aide A throw Resident #44 into the washer and then throw Resident #44 into the wall inside the washroom. -Activity Aide A then put his/her arm on Resident #44's neck and threatened to beat up Resident #44. During an interview on 1/28/25 at 12:10 P.M., Resident #24 said: -Activity Aide A whipped the s--t out of Resident #44. -He/She told the facility to call the cops. -He/She was at the table when Activity Aide A backed Resident #44 into the washer and threw Resident #44 at the wall. Then Activity Aide A put his/her elbow on Resident #44's chest, maybe throat area. -He/She heard Resident #44 say stop when in the washroom with Activity Aide A. -The other staff on the unit did not say anything or try to stop Activity Aide A. Review of CMT A's written statement, dated 1/25/25, showed: -He/She had asked Resident #44 to pick up his/her trash and clean up the sugar packets on the table as the floor had just be mopped. -Resident #44 told him/her to shut up b---h. -Activity Aide A told Resident #44 to not talk to the staff like that. -Resident #44 asked Activity Aide A what he/she was going to do about it. -Activity Aide A pushed Resident #44 in the laundry room and exchanged words. During an interview on 1/28/25 at 12:10 P.M., CMT A said: -He/She was pouring coffee when he/she asked the resident to pick up sugar packets from the floor as it had just been cleaned. -The resident called him/her a swear word and Activity Aide A responded to the resident and said to not talk that way. -The resident asked Activity Aide A what he/she was going to do about it. Activity Aide A then pushed the resident into the laundry room. (continued on next page)

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	01/31/2025

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-Activity Aide A grabbed the resident's shirt when he/she pushed the resident in the laundry room. -He/She was standing in the doorway to the hallway with the coffee cart and could see Activity Aide A had pinned the resident against the wall. He/she thought Activity Aide A had the resident by the collar of the resident's shirt. -The resident had used racial slurs and Activity Aide A told the resident, he/she could not be disrespectful to other staff. Activity Aide A never raised his/her voice, but was firm with the resident. -Activity Aide A was not appropriate and the situation could have been handled differently. Activity Aide A should not have grabbed the resident. -He/She could have stood between the resident and Activity Aide A and let the resident walk away. -Resident #24 was sitting at the table as well as a couple of other residents. Resident #24 yelled at Activity Aide A. Resident #24 called the police. -He/she did not stop Activity Aide A, because it all happed fast. Review of Resident #47 Quarterly MDS, dated [DATE], showed he/she was cognitively intact. During an interview on 1/28/25 at 12:44 P.M., Resident #47 said: -He/She was not paying attention and did not remember much. -Resident #44 picked a fight with Activity Aide A. -Activity Aide A grabbed Resident #44. During an interview on 1/28/25 at 1:00 P.M., Certified Nursing Assistant (CNA) H said: -Activity Aide A was passing coffee when CMT A asked everyone to clean up their mess on the floor. -The resident cussed at CMT A and called him/her a swear word. -Activity Aide A asked the resident to stop and walked toward the resident. -The resident went to push Activity Aide A and Activity Aide A grabbed the resident's arms. -He/She and CMT A told Activity Aide A to leave the room. -Activity Aide A went straight into the washroom with the resident and ended up by the dryer. -He/She could not see how Activity Aide A held on the resident. -Resident #24 was angry and went to go tell. (continued on next page)

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	01/31/2025

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of Activity Aide A's written statement, dated 1/25/25, showed: -Resident #44 was being disrespectful to the staff. He/She told Resident #44 to stop the name calling toward staff. -He/She walked toward Resident #44 to grab Resident #44's coffee and again told Resident #44 to stop name calling. -He/She walked toward Resident #44 with his/her hands up and used CPI (Crisis Prevention Institute- a de-escalation training program) and placed Resident #44 in a hold and told Resident #44 to calm down. -He/She let go of Resident #44, they talked, and hugged it out. During an interview on 1/28/25 at 1:29 P.M., Activity Aide A said: -There was a lot of tension in the air from residents using racial slurs and swear words with the staff. -It started with Resident #24 while he/she was serving coffee. -Staff had asked the residents to stay in the common area with the coffee as the floors had just been cleaned. -The residents started calling the staff racial slurs and swear words. Resident #24 stirred the problem. -Resident #44 used racial slurs with him/her when he/she served the coffee with sugar and cream. -Resident #44 acted like he/she was going to throw coffee on him/her so he/she stepped back. -His/Her hands were up straight in the air like please do not come toward to me. -He/She used CPI and turned Resident #44 around, with one hand on the shoulder and one hand on the arm to turn Resident #44 to back to a designated area. -The washroom was close, the door was open, Resident #44 was closest to this space. It was in the corner and while not a lot of space it was away from the other residents. Review of Activity Aide A's Employee Discipline Notice, dated 1/28/25, showed an investigation was conducted and with evidence of abuse to a resident on 1/25/25 and per policy his/her employment was terminated. During an interview on 1/28/25 at 2:00 P.M., the Administrator said: -On 1/25/25 Resident #24 came up to the front with the charge nurse and said Activity Aide A slammed Resident #44 into the washing machine and broke the washer and then threw Resident #44 across the room. (continued on next page)

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	01/31/2025

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-Resident #24 wanted to call the police. -Resident #44 said nothing happened and Resident #44 had a scant abrasion on the left elbow. Resident #44 did not want to talk. Resident #44 said he/she did not know how he/she received the abrasion when asked what happened. -The washing machine was checked and it was not broke. -CMT A did not want to make a statement, but said Activity Aide A pushed Resident #44. -On 1/25/25, he/she initially did not think it was abuse and did not believe there was any intention of Activity Aide A to hurt Resident #44. -Today he/she understood Activity Aide A pushing Resident #44 was abuse after the bruising was found. During an interview on 1/31/25 at 2:00 P.M., the DON said: -Resident #44 called CMT A a swear word. Activity Aide A said do not talk that way. Activity Aide A squared up and pushed Resident #44 and held Resident #44 against the wall. -This was abuse. -He/she would have expected staff to use verbal de-escalation. -Activity Aide A was trained on CPI and should never have put his/her hands on Resident #44. -He/she would have expected the other staff to intervene. -Initially there was no evidence of serious injury, but staff failed to follow-up and document the resident injury. During an interview on 1/28/25 at 5:20 P.M., the Director of Operations said: -Resident #44 went into the closet and staff could be seen with arms up on the camera. -If a resident was escalating, the staff should have provided de-escalation. -If additional staff were present they should monitor, deescalate and intervene, then report immediately. Review of the local police department report, dated 1/29/25, showed: -Elder abuse was reported on 1/28/24 about 6:39 P.M. -On 1/25/25 only a minor abrasion was observed. -Resident #44 was later discovered to have a bruise and abrasion. (continued on next page)

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	01/31/2025

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	During an interview on 1/31/25 at 3:12 P.M., the Administrator said: -Activity Aide A pushing Resident #44 was abuse. -There was no time a staff person should push a resident. Activity Aide A should have tapped out. -Other staff present should have intervened when the body language changed and the incident became verbal. 2. Review of Resident #28's Preadmission Screening and Resident Review (PASRR - is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care), dated 3/14/19, showed he/she: -Required psychiatric support services including: medication therapy, administration, monitoring, inpatient psychiatric treatment, therapy or counseling and group therapy or counseling, and a secured unit. -He/She had difficulty interacting appropriately and communicating effectively with others. -He/She had a history of altercations. -He/She avoided interpersonal relationships and was socially isolated. -He/She had difficulty concentrating, difficulty in sustaining focused attention to complete common tasks. -He/She needed a secure unit nursing home level of care for cares and safety. -He/She required implementation of systemic plans to change inappropriate behavior, medication therapy and monitoring, a structured environment, and development of personal support networks. Review of Resident #28's face sheet showed he/she admitted [DATE] with the following diagnoses: -Schizophrenia. -Psychosis. -Anxiety (anticipation of impending danger and dread accompanied by restlessness, tension, fast heart rate, and breathing difficulty not associated with an apparent stimulus). -Depression (a state of intense sadness or despair that has advanced to the point of being disruptive to an individual's social functioning and/or activities of daily living). Review of Resident #28's quarterly MDS, dated [DATE], showed the resident was cognitively intact. Review of Resident #23's PASRR, dated 12/10/20, showed: (continued on next page)

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	01/31/2025

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-He/She required psychiatric support services: inpatient psychiatric follow-up or consultation, and a secured behavioral unit. -He/She had a history of emotional reaction to issues with peers, which leads to confrontation, verbal and physical aggression -Behavioral assessment found he/she was intrusive or invades others space, was verbally abusive, disturbed other residents and was suspicious of others. -He/She required 24 hours per day supervision and oversight due to limited cognition and impaired memory, impulsivity and lack of insight or judgement. -He/She required nursing staff assistance to provide redirection of behaviors, to guide her through interpersonal conflict to decrease risk of physical aggression toward others or that directed to by others. -He/She needed a structure environment in which staff were available to assist him/her to learn new social skills with modeling and discussion about how she might handle conflict with peers vs physical aggression. -He/She required ongoing medical and psychiatric follow-up to promote maximum stability. -He/She need monitoring of behavioral symptoms and provision of behavioral supports. -The facility need to establish a behavior plan to address physical aggression toward others. The plan should include signs to watch for how he/she may be experiencing increased anxiety, stress, frustration and how to support him/her when he/she was frustrated or anxious, how to redirect behaviors before they lead to physical aggression. 1-1 supportive staff. -He/She required a secured facility and supervision on any community outing. Review of Resident #28's undated care plan showed: -He/she had a history of command hallucinations to harm others, is reactive to his/her surroundings, sexual vulnerability, and physical aggression to others. -Protective oversight would be maintained: Direct care staff would observe and report behaviors identified; he/she would be redirected by staff for negative behaviors observed, and long term care psych would evaluate and treat for observed changes and behaviors with invasive interventions as needed. -His/her safety plan included PRN (as needed) medication, review of his/her diagnosis and education if he/she did not understand the diagnosis, to help him/her focus on relaxation and happiness. -He/she had manifestation of behaviors related to his/her mental illness and brain ablations that may create disturbances that affect others. The behaviors include verbal and physical aggression, poor impulse control, sexually inappropriate behaviors, false allegations toward peers, low cognitive ability. (continued on next page)

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	01/31/2025

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-He/she had been educated on the importance of respecting boundaries and not touching others without permission, was given positive feedback for good behavior. -If he/she were disturbing others, he/she would be encouraged to a more private area to voice concerns and feelings to assist in decreasing episodes of disturbing others. -He/she was physically aggressive and fought with staff and residents related to poor impulse control. Staff were to provide physical and verbal cues to alleviate anxiety, give positive feedback, assist in verbalization of source of agitation, assist to set goals for more pleasant behavior and encourage seeking out staff members when agitated. -If he/she were agitated, staff should intervene before agitation escalated, guiding him/her away from source of distress. Review of Resident #23's face sheet showed he/she admitted [DATE] with the following diagnoses: -Bipolar Disorder (mood disorders characterized usually by alternating episodes of depression and mania). -Schizoaffective Disorder (a mental condition that causes loss of contact with reality and mood problems). Review of Resident #23's quarterly MDS, dated [DATE], showed the resident was severely cognitively impaired. Review of the facility investigation, dated 1/17/25, showed: -About 11:00 P.M., Resident #23 was upset he/she could not go to another unit. Night Supervisor A went to have a conversation with Resident #23. Resident #23 became agitated and scratched the back of Night Supervisor A's head. Resident #23 briefly calmed down and went to his/her room. Resident #28 entered the room to check on Resident #23. Resident #23 became agitated and bit Resident #28 in the face under his/her left eye. Resident #23 and Resident #28 were sent to the hospital. -The event was abuse. Review of Resident #23's hospital paperwork, dated 1/17/25, showed he/she was seen for assault, closed head injury and forehead hematoma (bruise). Review of Resident #28's hospital paperwork, dated 1/17/25, showed he/she was seen for a human bite, given a tetanus injection and amoxicillin (antibiotic for infection), and was prescribed antibiotics for 10 days. During an interview on 1/22/25 at 2:00 P.M. Guardian A, Resident #23's guardian, said: -Resident #23 was in a fight and may have started it. -Resident #23 was admitted to the hospital. (continued on next page)

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	01/31/2025

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-Resident #23 had a bruise and bump over his/her left eye and both eyes had black bruising when he/she visited Resident #23 on 1/21/25. Observation and interview on 1/21/24 12:24 P.M., Resident #28 said: -Resident #23 pulled his/her hair. -Resident #23 bit his/her cheek, punched him/her and hit his/her head on the ground. -Resident #23 could be dangerous and it made it him/her upset. -He/She had a dried dark red colored scab about 1 cm by 0.1 cm on his/her right upper cheek. -He/She had a small bump on the back right side of his/her head and small bump in the middle center of the back of his/her skull. Observation and interview on 1/23/25 at 9:40 A.M., Resident #23 said: -He/She got into a fight with Resident #28 that was why he/she was at the hospital. -The fight started because he/she became agitated while on the phone in his/her room. -Resident #28 was outside Resident #23's room talking. -Resident #23 was unsure who Resident #28 was talking to, but became upset. -He/She threw down his/her phone and went out to the hall. -Resident #28 was in the hall and he/she started hitting him/her. -Resident #28 pushed him/her down to the floor. -Resident #28 never hit him/her. -While both residents were on the floor Resident #23 grabbed Resident #28's hair. -While on the floor he/she bit Resident #28's face. -Staff arrived and separated the residents. -He/She is not afraid to be at the facility. -He/She really likes the facility and the staff. -He/She wants to return to the facility. -Resident #23 had a dark purple to light purple discoloration to both eyes. (continued on next page)

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	01/31/2025

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-The measurements for both eyes were 5 cm long and 3 cm high. -The discoloration went from below both eyes to the middle of each eye lid. -Resident #23 said he/she received the injuries to his/her eyes while he/she and Resident #28 and were were fighting on the floor and his/her head was striking the floor. -He/She said Resident #28 was not hitting his/her head on the floor, but his/her head hit the floor secondary to the fight on the ground. During an interview on 1/23/25 at 5:30 P.M., Night Supervisor A said: -On 1/19/25 he/she was called to the back hall of the unit for Resident #23. -Resident #23 was having behaviors and wanted to leave the unit to go to another unit. -Resident #23 had come toward him/her. -He/She asked Resident #23 to back up. -Resident #23 ran toward him/her and hit him/her in the head. He/She still had visible scratches. -He/She left the unit to de-escalate Resident #23 in case he/she was a trigger. -He/she got a call a short time later Resident #23 and Resident #28 had gotten into it. -Law enforcement was called, Resident #23 was escorted out and Resident #28 was sent to the hospital. -He/She saw Resident #28 had a patch under his/her eye and was bleeding after Resident #23 had bit Resident #28. During an interview on 1/24/25 at 9:27 A.M., LPN B said: -About 10:00 P.M., Resident #23 wanted to go to another unit. When he/she attempted to redirect Resident #23, Resident #23 begun to act out. -He/She called Night Supervisor A to intervene. -Resident #23 attacked Night Supervisor A and then stormed into his/her room. -He/She went to the nursing station to call the doctor and make report. -He/She did not assign any staff to monitor Resident #23. -Resident #28 decided to go speak to Resident #23. Resident #23 was heard telling Resident #28 to get out. Resident #28 backed out of the room while pointing a finger at Resident #23. (continued on next page)

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	01/31/2025

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-He/She ran from the nursing station when Resident #23 and Resident #28 were on the ground. -He/She did not stop Resident #28 from going into Resident #23 after Resident #23 had just had a altercation with Night Supervisor A. Resident #28 and Resident #23 were friends and had the right to go into each other rooms. -After Resident #23 attacked Resident #28, Resident #23 was placed on 1-1 supervision. During an interview on 1/27/25 at 1:00 P.M., CNA N said: -Resident #23 ran up on Nursing Supervisor A and started hitting him/her. Night Supervisor A just left as a Code [NAME] (facility response to a behavioral event) was called. -Resident #23 then went to his/her room. -He/She thought they were just to let Resident #23 cool down in his/her room as he/she did not have a roommate at the time. -Resident #28 went to Resident #23's room. No staff stopped him/her, he/she was not told to watch Resident #23 or that it was not safe for other residents to go into the room until Resident #23 cooled down. -Resident #28 was not there for long when he/she saw Resident #28 back out of Resident #23's room. -Resident #23 ran up on Resident #28 and started hitting Resident #28 in the hallway, then it was on. Resident #23 and Resident #28 were in a fight. During an interview on 1/31/25 at 2:34 P.M., the DON said: -Resident #23 wanted to visit a friend on another locked unit and was upset when told no. -Resident #23 had escalated, Night Supervisor A was called. -Resident #23 then attacked Night Supervisor A. -Within 30 minutes Resident #28 went to talk to Resident #23. -Resident #23 said to get out. -Resident #28 made a finger gesture at Resident #23, Resident #23 bit Resident #28. -Resident #28 fought back. Resident #28 left with two black eyes and a swollen forehead with a goose egg on the forehead. -The altercation was resident to resident abuse and it was preventable. -The staff on the hall should have monitored Resident #23 after the altercation with Night Supervisor A per policy. (continued on next page)

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	01/31/2025

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-Staff on the hall could have redirected Resident #28 from the room. During an interview on 1/31/25 at 3:25 P.M., the Administrator said: -Resident #28 went into the room to check on Resident #23. -Resident #23 was upset, Resident #28 went to calm down Resident #23. When Resident #28 got ready to leave, Resident #23 and Resident #28 got into it. -This was resident to resident abuse. During an interview on 1/27/25 at 12:45 P.M., Medical Physician A said: -Staff were expected to follow their policies and do what was needed to mitigate further occurrence. During an interview on 1/27/25 at 3:00 P.M., Psychiatric Nurse Practitioner A said: -Staff should have been available for Resident #23 after the altercation with staff. -Staff should have redirected Resident #28 away to prevent the altercation with Resident #23. -Resident #23 should have had an opportunity to cool down. 3. Review of Resident #34's Admission Record showed he/she admitted [DATE] with the following diagnoses: -Borderline Personality Disorder (BPD-a mental illness marked by an ongoing pattern of varying moods, self-image, and behavior). -Depression. -Schizoaffective Disorder. -Anxiety. -Autistic Disorder (a disability that affects how people communicate with the world). Review of Resident #34's Quarterly MDS, dated [DATE], showed he/she was cognitively intact. Review of Resident #34's undated ICSP showed: -Crisis Intervention (trauma/Post-Traumatic Stress Disorder (PTSD - a disorder in which a person has difficulty recovering after experiencing or witnessing a shocking, scary, or dangerous event): --He/She was to have behavior monitoring. --He/She required intensive 1-1 monitoring. (continued on next page)

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	01/31/2025

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	--He/She was encouraged to verbalize cause for aggression. --He/She should be allowed personal space. -Monitoring/Safety: --Staff were to monitor, document, and report as needed signs of depression, hopelessness, anxiety, sadness, insomnia, anorexia, verbalizing negative statements, repetitive anxious or health related complaints and tearfulness. -Behavior/Mood --Staff were to provide physical and verbal cues to alleviate anxiety, give positive feedback, assist verbalization of source of agitation, assist to set goals for more pleasant behavior, encourage seeking out a staff member when agitated. -Staff should use simple clear language when communicating. Review of Resident #25's PASRR, dated 6/7/10, showed: -He/She met the state or federal criteria for serious mental illness as specifically defined by the PASRR. -He/She was recommended the following services to be provided in a nursing facility: provision of a struct

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	01/31/2025

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34927 Based on interview and record review, the facility failed to complete a thorough investigation related to allegations of abuse for three resident (Resident #1, #7, and #28) out of 26 sampled residents. The facility did not investigate and did not have a system in place to ensure both residents had the capacity to consent to sexual activity when Resident #7 and Resident #28 were observed engaging in sexual activity. The facility also failed to investigate an allegation that Resident #7 gave Resident #28 a medication for anxiety he/she cheeked. The facility failed to complete an investigation and interview all potential witnesses when Resident #1 alleged Certified Nurses Assistant (CNA) B hit him/her in the face. The facility census was 161 residents. Review of the facility Sexual Activity Abuse and Neglect Policy, dated 5/14/24, showed: -Residents that are wishing to engage in sexual activity will be allowed to participate in these activities as long as both parties consent and have the ability to consent. Nonconsensual acts and acts of impact negatively on the resident community such as public displays shall not be allowed. -If the resident has a guardian or cognitive impairment an assessment should be completed to determine the resident's ability to consent. This assessment will be completed by the interdisciplinary team with the assistance of the resident physician and or psychiatrist as needed. -The assessment shall include the following: 1) awareness of the relationship including the awareness of who is initiating the relationship and comfort level with sexual intimacy; 2) ability to avoid exploitation including resident's values and ability to refuse unwanted advances; 3) awareness of potential risk associated with the relationship. -The resident guardian will be initiated to provide their guidance. Review of the facility Abuse and Neglect Policy, dated 6/12/24, showed: -The facility will investigate all allegations and types of incident of abuse in accordance to facility procedure for reporting or response. -The licensed nurse will respond to the needs of the resident involved and protect the resident from any further incident. The facility shall call 911 for medical emergency. Remove the accused employee from resident care areas and or separate residents. Notify the administrator or designee. Notify the physician, resident legal representative, medical director. Monitor and document the resident condition and response to intervention. Document action taken in the medical record. Complete an incident report. Revise the resident care plan if the resident medical, nursing, physical, mental or psychosocial needs or preferences change as a result of the incident of abuse. -The Administrator or designee will: complete an administrative investigation to include personal statements from staff and residents who were involved or witnessed any allegation of of abuse. The Administrator or designee would suspend any accused employee of abuse pending the completion of the investigation. Report within 24 hours. (continued on next page)

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	01/31/2025

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The administrative investigation will consist of any pertinent information describing the situation investigated, the names of all staff, residents involved, the root cause of the incident, the recommendation from the investigation including the facts that prove or disprove the alleged situation that occurred, the plan of correction or action taken by Administrative staff, all statements attached from the resident and staff involved and any training or medication that the Administration feels needs to be provided to staff or residents to ensure education has been provided to prevent future similar situations. -Within five working days of the incident, report sufficient information to describe the results of the investigation and indicate any corrective actions taken if the allegation was verified. 1. Review of Resident #28's face sheet showed he/she admitted [DATE] with the following diagnoses: -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). -Psychosis (a mental state involving loss of contact with reality and causing deterioration of normal social functioning) NOS (not otherwise specified). -Anxiety (anticipation of impending danger and dread accompanied by restlessness, tension, fast heart rate, and breathing difficulty not associated with an apparent stimulus). -Depression (a state of intense sadness or despair that has advanced to the point of being disruptive to an individual's social functioning and/or activities of daily living). -He/she had a legal guardian. Review of Resident #28's quarterly MDS, dated [DATE], showed the resident was cognitively intact. Review of Resident #28's Capacity to Consent to Sexual Activity Form, dated 12/13/23, showed: -He/she had a guardian. -He/she had the ability to understand a yes or no decision was marked yes. -He/she had the ability to understand relevant information was marked yes. -He/she had the ability appreciate the situation and likely consequences was marked yes. -He/she had the ability to manipulate information rationally was marked yes. -The second page of the assessment form step 3 scoring the assessment was blank. -The second page of the assessment form step 4 documenting the assessment was blank, which included the resident name, the date of assessment, including the signatures of the guardian and the evaluator. (continued on next page)

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	01/31/2025

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #7's face sheet, dated 1/10/25, showed he/she admitted [DATE] with the following diagnosis: -Stimulant dependence. -Mood disorder. -Bi-polar Disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs). -Anxiety, -Post Traumatic Stress Disorder (PTSD). -Adjustment Disorder -Antisocial Personality Disorder. -Intermittent Explosive Disorder. -Attention Deficit Hyperactivity Disorder (ADHD). -He/she had a legal guardian. Review of Resident #7's quarterly MDS, dated [DATE], showed the resident was cognitively intact. Review of Resident #7's Capacity to Consent to Sexual Activity Form, dated 9/18/24, showed: -He/she had a guardian. -If someone wanted to have sex with him/her they would ask. -He/she was comfortable with intercourse. -He/she decided by him/herself if he/she wanted to have sex. -He/she could say no if he/she did not want to have sexual contact. -If someone he/she cared for left the facility he/she would move on. -The second page of the assessment form step 3 scoring the assessment was blank. -The second page of the assessment form step 4 documenting the assessment was blank, which included the resident name, the date of assessment, the conclusion based on examination, the signatures of the resident, guardian, evaluator, social services, and the administrator. (continued on next page)

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	01/31/2025

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #7's social service progress note, dated 1/7/25, showed the charge nurse was notified the resident was observed in the dining hall having oral sex performed on him/her by Resident #28. The guardian, DON, and physician were notified. Review of Resident #28's behavior note dated 1/7/25 showed he/she was observed in the dining room performing oral sex with Resident #7. The guardian and facility Administrator were notified. Review of the medical record for both Resident #7 and Resident #28 showed facility staff did not complete an investigation to determine whether or not it was sexual abuse. During an interview on 1/24/25 at 10:44 A.M., Activity Aide B said: -A few minutes before lunch, he/she heard staff and residents yell Resident #7 and Resident #28 were having oral sex in the corner of the dining room. -When he/she had responded, Resident #7 was on the ground trying to fix his/her pants and Resident #28 walked off the unit. During an interview on 11/24/25 at 10:51 A.M., Certified Nurse Aide (CNA) J said: -CNA H came and told him/her Resident #7 and Resident #28 were having oral sex in the back corner of the dining room. -When he/she approached, Resident #28 was getting up from a sitting position and Resident #7 was messing with his/her pants. -There was no other staff around. -Resident #28 said nothing and he/she told Resident #7 to fix his/her pants. During an interview on 1/22/25 at 2:25 P.M., Resident #7 said: -He/she was just sitting the dining room talking to Resident #28. -He/she denied sex or that his/her pants were down. During an interview on 1/22/25 at 2:33 P.M., Resident #28 said: -Resident #7 liked to touch him/her, sometimes he/she liked it and sometimes he/she did not. -He/she did not like to be touched or do things in the dining room, because everyone could see. -He/she gave Resident #7 oral sex, when Resident #7 gave him/her a pill to calm down. Review of Resident #48's annual MDS, dated [DATE] showed the resident was cognitively intact. During an interview on 11/24/25 at 11:39 A.M., Resident #48 said: (continued on next page)

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	01/31/2025

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/she saw Resident #28 and Resident #7 in the corner of the dining room. -CNA H told Resident #7 to pull his/her pants up when Resident #7 stood up. During an interview on 1/24/25 at 11:46 A.M., the Regional Director said: -Resident #28 was shown several pictures to identify the pill Resident #7 had given him/her. -Resident #28 identified clonazapam (a medication classified as anti-convulsant). -Resident #7 was prescribed clonazapam 0.5 milligrams (mgs) for anxiety twice daily. During an interview on 1/24/25 at 12:06 P.M., Social Worker A said: -Capacity to consent was determined by the facility with a list of questions on the assessment form. -The team for assessment included social services, the DON and the Administrator. The physician and or psychiatric could be contacted if needed. -There was no reason to fill in the name of the resident on the second page if the name of the resident was on the first page. -The assessment form should have signatures for all available to sign. -Resident #28's assessment form for capacity to consent was completed 12/13/23 and at that time the guardian was not contacted and not all the questions were completed. -Resident #7's assessment form for capacity to consent was completed 9/18/24, he/she could not recall if the guardian was contacted or if the physician was contacted to determine capacity. During an interview on 1/27/25 at 3:00 P.M. Nurse Practitioner A said: -He/she was notified of a sexual encounter between Resident #7 and Resident #28. -He/she was on the fence whether or not Resident #7 or Resident #28 had the capacity to consent, she was not part of the discussion when the from was completed. -He/she said the facility needed to follow their protocols regarding investigations into allegations of abuse. During an interview on 1/29/25 at 4:38 P.M., Social Worker B said: -Resident #7 and Resident #28 had a form to determine the ability of capacity to consent. -The capacity to consent forms were completed with the Administrator and or DON. (continued on next page)

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	01/31/2025

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-All questions on the assessment form should be completed and follow-up with the residents regarding yes or no answers. All spaces on the form should be complete and signatures complete. -He/she had read the risk management notification there had been sexual contact between Resident #7 and Resident #28. He/she has spoken to both Resident #7 and Resident #28 and completed a post incident questionnaire. -When he/she initially spoke to Resident #28, Resident #28 was in high spirits and reported Resident #7 said it was his/her birthday and wanted birthday sex. Resident #7 when interviewed said Resident #28 asked him/her for the sexual contact and Resident #7 said yes. The second time he/she spoke to Resident #28, Resident #28 said Resident #7 had given him/her a pill for the sexual contact. -He/she made a note in the resident medical records. During an interview on 1/31/25 on 2:38 P.M., the Director of Nurses (DON) said: -Resident #7 said it was his/her birthday and Resident #28 gave him/her oral sex. -The staff had initially told him/her Resident #7 and Resident #28 both had guardians and both had consent. -To determine Resident #7 and Resident #28 had the capacity to consent the assessment forms should have been complete, with areas on the form addressed and with appropriate signatures. Resident #7 and Resident #28's forms were incomplete. The determination should also include psychiatric consult and guardian contact. The Social Worker cannot determine capacity by him/herself. -The incident between Resident #7 and Resident #28 should have been reported and investigated by the definition of abuse. -Abuse cannot be ruled out without an investigation of the incident. During an interview on 1/31/25 on 3:27 P.M. the Administrator said: -The social worker completed the capacity to consent forms. -A complete investigation should include witness statements, review of the residents' involved medical records, a registered nurse incident form and a follow-up P2I2 (a follow up post incident questionnaire). A registered nurse incident report form was not completed because he/she believed the residents had the capacity to consent. -He/she felt like the residents capacity to consent was a gray area. He/she interviewed both Resident #7 and Resident #28 and both consented. -Resident #7 and Resident #28 had a capacity to consent form. The forms were missing signatures and not all spaces on the form were complete. He/she had never consulted with psych regarding the residents' ability to consent. -He/she should have completed a investigation. (continued on next page)

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	01/31/2025

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 1/31/25 on 3:36 P.M., the Regional Director said: -The investigation was a two fold process completed by the Administrator and the DON. -The DON should ensure witness statements were completed with both residents and staff. -The Administrator should follow-up with interviews and re-interview when appropriate. -Management should be notified all incidents involving all residents' for regional guidance. -The Administrator was responsible to set the guidance for all staff. -He/she was not notified of the resident to resident incident involving Resident #7 and Resident #28. -To determine capacity of consent the facility had developed an assessment form. Resident #7 and Resident #28's forms were not complete if all spaces were not identified. -The forms do not negate the responsibility of the facility to investigate, without an investigation it cannot be determined if the incident was a reportable abuse. -The investigation should have been completed. 32720 2. Review of Resident #1's Admission Record showed he/she was admitted to the facility with diagnoses that included: -Dementia (a progressive organic mental disorder characterized by chronic personality disintegration, confusion, disorientation, stupor, deterioration of intellectual capacity and function, and impairment of control of memory, judgment, and impulses). -Paranoid Schizophrenia (a form of 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] characterized by persistent preoccupation with illogical, absurd, and changeable delusions, usually of a persecutory, grandiose, or jealous nature, accompanied by related hallucinations). -Anxiety. -Narcissistic Personality Disorder (NPD is a mental health condition characterized by a persistent pattern of grandiose sense of self-importance, excessive need for admiration, and lack of empathy). Review of the facility Revised Staffing Sheet, dated 1/16/25, showed the following staff worked the night shift: -Licensed Practical Nurse (LPN) G. (continued on next page)

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	01/31/2025

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Certified Medication Technician (CMT) E. -CNA B. Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning), dated 1/17/25, showed he/she: -Was cognitively intact. -Had delusions (fixed false beliefs). -Had verbal behaviors towards others four to six days during the look-back period. -Had other behaviors not directed towards others (hitting or scratching self, throwing or smearing food or bodily fluids) one to three days during the look-back period. -Rejected care daily during the look-back period. Review of the resident's Progress Notes by the Director of Nursing (DON), dated 1/17/25, showed: -He/She attempted to speak with the resident regarding the allegation a staff member hit him/her in the face while in his/her room the night before. -The resident said the administrator supervised the Assistant Director of Nursing (ADON) beat him/her up and left him/her on the floor for 24 hours, then sent him/her to the hospital as if he/she were having behaviors. -It was unclear the timing of the incident he/she reported. -The resident asked the DON to leave. Review of the facility's Administration/Registered Nurse (RN) Investigation (RNI), dated 1/17/25, showed: -The date of the incident was 1/16/25. -The type of incident was physical aggression involving head. -Person involved was Resident #1. -Witnesses were Resident #40 and CNA B. -Beside the witness names were the following notes: --Resident #40 - did not see anything. --CNA B - staff, did not see anything. (continued on next page)

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	01/31/2025

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Investigative Narrative note showed: --He/She (the DON) attempted to speak with Resident #1 twice about the allegations. The resident was not receptive to any type of conversation. The resident called the public offenders office and requested to go out via ambulance. When the ambulance arrived the resident refused to leave his/her room to leave with them. --Throughout the investigation, the names of Resident #40 and CNA B came up. He/She interviewed both of them. --Resident #40 said he/she heard about the allegation, but did not see the incident. --CNA B said that he/she and Resident #40 were having a loud conversation in the laundry area when Resident #1 came out yelling. He/She ignored Resident #1 and continued to talk to Resident #40 in a lower volume. Resident #1 continued yelling, cursing, and using racial slurs toward him/her. Resident #1 completed his/her laundry and went back to his/her room. Sometime between 11:00 P.M. - 12:00 A.M. the police came. The house supervisor moved him/her to another hall and covered the unit until another CNA arrived to replace CNA B. --The police arrived a second time around 3:00 - 4:00 P.M. -Video footage could not confirm anyone entering Resident#1's room where he/she alleged someone came and hit him/her. All parties listed above could not corroborate any part of Resident #1's story. Resident #1 would not participate in the investigation. -NOTE: No documentation any other residents or staff assigned to be working in the area (including LPN G and CMT E) at that time were interviewed. No documentation of who the alleged perpetrator was. Review of the resident's Skin Assessment, dated 1/19/25, showed no documentation of discoloration or bruising to the resident's left cheekbone. Observation on 1/21/25 at 11:03 A.M., showed a light yellow discoloration on his/her left cheekbone approximately 1 centimeter (cm) in length by 0.3 cm in width. During an interview on 1/21/25 at 2:00 P.M., the DON said: -He/She interviewed the resident and staff member named in the allegation by telephone. -He/She did not have their written statements. -He/She did not interview anyone else since no one else was named in the allegation. During an observation and interview on 1/24/25 at 12:20 P.M., showed: -Resident #1 had a light yellow discoloration on his/her left cheekbone approximately 0.5 cm in length and 0. 1 cm in width. (continued on next page)

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	01/31/2025

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The resident said he/she was doing laundry on 1/16/25. Resident #40 had told staff he/she wanted a candy bar. The nurse and CNA were talking bad and insulting him/her and Resident #40. He/She did not know the names of the staff involved. -He/She went back to his/her room after putting laundry in the dryer. -While he/she was sitting in his/her doorway in a wheelchair, the CNA squeezed past him/her to go into his/her room with a hamburger in his/her right hand. The CNA walked all the way into his/her room to the window, facing the window. -Resident #1 turned around, entered his/her room, and told the CNA to get out. -The CNA put the hamburger in his/her left hand, spun around, and hit him/her in the face with his/her right fist twice. The first hit was between his/her eye and ear, in the left cheekbone area. The second hit was on the left side of his/her head behind his/her left ear. -He/She did not know the name of the staff person that came into his/her room. He/She described the staff person as a shorter, black female wearing a knitted hat and coat. -His/Her room door was open at the time. He/She did not think any residents or others were in the hall at the time, but Resident #40 was at the nurse's station. -He/She called the police, but they did not come. He/She called for an ambulance, but the police canceled the ambulance. -Staff did try to assess him/her the following morning, but he/she would not allow them to because they are the enemy. -He/She declined to go to the hospital. During an interview on 1/24/25 at 12:46 P.M., Resident #40 said: -He/She was not sure when the allegation occurred, it could have been two weeks ago, but he/she did not think it was last week. -At that time Resident #1 came to him/her, noticed Resident #1 had some light redness to his/her cheek. Resident #1 said he/she was hit by a staff member, but he/she did not say which staff member or when it occurred. -He/She did not see staff hit Resident #1 and did not report staff hitting Resident #1. He/She assumed Resident #1 would tell someone if it had occurred. During an interview on 1/24/25 at 1:15 P.M., CMT E said: -He/She was working on the night of 1/16/25. -He/She did not notice any staff or residents wearing heavy coats, hoodies, or hats. (continued on next page)

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	01/31/2025

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She did not see or hear of any staff or residents going into Resident #1's room or of anyone hitting Resident #1 on 1/16/25. -He/She heard about the allegation a couple of days later. -He/She denied hitting the resident. During an interview on 1/27/25 at 4:04 P.M., CNA B said: -He/She was working on the night of 1/16/25 with LPN G and CMT E. -He/She was talking with another resident who was asking for a cigarette and putting his/her hand up the vending machine. -While this was going on, Resident #1 suddenly starting yelling at him/her. He/She was telling Resident #1 he/she was just following rules regarding the conversation he/she was having with the other resident and that he/she was not directing the conversation at him/her but talking to another resident. -Resident #1 started yelling, calling him/her a racial slur, then Resident #1 went to his/her room. -Next thing he/she knew, the police arrived saying Resident #1 was assaulted. -He/She did not go to the resident's room and he/she did not hit the resident. -He/She would not go into the resident's room due to the amount of feces on the walls and floor. -He/She did not notice any discoloration to the resident's cheek/face that night. During an interview on 1/28/25 at 6:20 P.M., LPN G said: -He/She was the nurse working on the night of 1/16/25. -Resident #1 was mad someone was using the washer and started yelling, calling staff a racial slur, and accusing staff of living off the government and not working. -A staff member, he/she does not know the staff person's name, starting walking towards Resident #1's room in an effort to divert him/her from the laundry area. -When Resident #1 saw the staff member walking toward his/her room, he/she self-propelled his/her wheelchair, going past the staff member, went into his/her room and slammed the door. The staff member never entered the resident's room. -Resident #1 did not report to him/her that anyone had hit him/her that night. -He/She did not see any bruising or discoloration when the resident came out of his/her room a couple of hours later to do his/her laundry. (continued on next page)

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	01/31/2025

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She found out about it a couple of days later when he/she returned to work and the resident had called the fire department asking for the police department. The police offered to have him/her go to the hospital, but Resident #1 refused. They told the resident they would not take a report. MO00247546

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	01/31/2025

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 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that the facility has sufficient staff members who possess the competencies and skills to meet the behavioral health needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34927 Based on interview and record review, the facility failed to ensure resident safety for one sampled resident (Resident #34) when the facility staff did not maintain 1-1 supervision (one staff person to one resident) when designated to maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Observations showed the facility not following their policy related to one on one staff oversight during the overnight shift for Residents #34, #24, and #47. Twenty six residents were sampled. The facility census was 161. Review of the facility Intensive Monitoring, dated 4/30/24, showed: -Intensive monitoring was defined as periodic checks by a facility staff member. -One to One (1-1) monitoring was a designated employee assigned by a facility supervisor. Residents who require intensive monitoring of one to one will have a dedicated staff member within eyesight. -Resident who require intensive monitoring of one to one will have an assigned employee within eyesight until resident has stabilized or returned to prior level of function. Educated on the reasoning for the intensive monitoring including triggers and interventions for that specific resident. The employee will interact with the resident throughout to receive therapeutic interventions. 1. Review of Resident #34's Admission Record showed he/she admitted [DATE] with the following diagnoses: -Borderline Personality Disorder (BPD-a mental illness marked by an ongoing pattern of varying moods, self-image, and behavior). -Depression (a state of intense sadness or despair that has advanced to the point of being disruptive to an individual's social functioning and/or activities of daily living). -Schizoaffective Disorder (a mental condition that causes loss of contact with reality and mood problems). -Anxiety (anticipation of impending danger and dread accompanied by restlessness, tension, fast heart rate, and breathing difficulty not associated with an apparent stimulus). -Autistic Disorder (a disability that affects how people communicate with the world). Review of the resident's Preadmission Screening and Resident Review (PASRR- is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care), dated 2/13/24, showed: -He/She was presently at his/her current facility and on a locked unit. (continued on next page)

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	01/31/2025

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 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/She had been unable to transition to a less restrictive environment due to his/her continued behaviors and multiple hospital encounters through the emergency department and inpatient. -His/Her needs were too great for previous facility and he/she required continued inpatient services due to suicidal ideations, aggression, and impulsivity. -Per Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning) Section Q his/her placement was anticipated to be a long term stay. -He/She did not have a support network and her care team did not believe discharge was a safe option. -His/Her current psychiatric supports included: psychiatric follow up or consultation, medication administration, secured behavioral unit, individualized therapy or counseling, safety precautions for suicide and elopement, and required 1-1. -Behavioral assessment found he/she was intrusive or invaded others space, was impatient or demanding, wandered, was verbally abusive, was verbally threatening, was uncooperative with nursing staff, cursed or swear, disturbed others, was physical threatening, reclusive, injured self, was suspicious of others, had a passive death wish, had suicide threats, and verbalized or cried out. -He/She had chronic suicidal ideations as well as recent suicide attempts in June and July 2024. -He/She had limited insight and judgment. -He/She required 24-hour oversight for his/her safety and the safety of others. He/She required a long term placement in a locked unit of a skilled facility. -He/She need the following support services: individualized support plan, individualized treatment plan, behavioral support plan from Department of Mental Health (DMH), monitoring of behavioral symptoms, trauma informed services, tools of choice or other positive behavioral support services. -The facility should address in the resident plan of care suicidal ideations, self-injurious behavior, aggressive outbursts, mood liability, agitation, and emotional dysregulation. -The structured environment required instructions provided to the resident at his/her level of understanding, environmental supports to prevent elopement, individual personal space, consistent routines, scheduled daily tasks and activities, and assess and plan for the level of supervision required to prevent harm to self or others. Review of the resident's undated care plan showed: -On 2/27/24, it was identified he/she had a history of behavioral challenges that required protective oversight in a secure setting. He/she had a history of self harming behaviors where he/she had wrapped a cord around his/her throat, made allegations of rape, homicidal threats to staff and others, was intrusive and impulsive. Interventions included: --A behavior modifications contract was put in place 3/28/24. (continued on next page)

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	01/31/2025

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 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	--A continuous 1-1 was initiated 5/10/24. --He/she was given only plastic spoons at all meals and staff were to collect and dispose of the plastic spoons after each meal due to self-harming behavior initiated 5/28/24. -On 5/17/24, it was identified he/she on assessment was high risk for suicide. Interventions included: --Items were removed from his/her room that could be used in his/her suicidal plan 5/17/24. --Intensive monitoring 5/17/24. -On 2/27/24, he/she had emotional distress triggered by overwhelming emotions or feelings or memories. On 2/27/24, he/she had behavior related to mental illness, poor impulse control, wandering, verbal aggression and self-harming behavior. Interventions included: --1-1 monitoring related to suicidal ideation attempts and behaviors 6/28/24. Review of the resident's undated ICSP (Individualized Care Service Plan) showed: -Crisis Intervention (trauma/ PTSD): --He/She was to have behavior monitoring. --He/She required intensive 1-1 monitoring. --He/She was encouraged to verbalize cause for aggression. --He/She should be allowed personal space. --Safety Planning Intervention: warning signs for impending crisis-rapid speech, increased pacing, internal coping strategies to activities that distract from suicidal ideations like music therapy, he/she wants a dog, part time job, and to move to Individualized Supported Living (ISL) through the DMH. --His/Her triggers include yelling, being called a bitch, when others are upset, being reprimanded, voices in my head, feeling ignored, sirens and loud noises, people in his/her face. --His/Her signals of distress include agitation, anxiety and getting very emotional. --His/Her coping skills or interventions including asking for an as needed (PRN) medication, listening to music, writing in a journal, talking to someone, basketball, being active and pacing the hallway, watching television, reading books, Christian music to get the voices out of his/her head, dancing and spending time with friends. -Safety: (continued on next page)

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	01/31/2025

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 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	--Due to self-harming behaviors, he/she will use plastic spoons at all meals and staff is to collect and dispose of these plastic spoons after each meal. --His/Her past crisis moments include cutting self-harm, tying a string around his/her neck and trying to kill him/herself. --He/She could expand his/her learning by talking to the doctor, talking to the counselor, talking to the medication technician and nurses, and reading his/her chart. --He/She liked music when in crisis. --He/She wanted to work on coping skills and to not get so pissed off and not yelling at staff. --He/She wanted off 1-1. --Staff were to watch him/her closely for signs of self-harm. -Monitoring/Safety: --Staff were to monitor, document, and report as needed any risk for harm including suicidal plan, past attempts of suicide, risky actions, saying goodbye to family, giving possessions away, writing notes, intentional harm to self or attempted harm to self, refusals to eat or drink, refusals of medications or therapies, sense of hopelessness or helplessness, impaired judgement and safety awareness. --Staff were to monitor, document, and report as needed signs of depression, hopelessness, anxiety, sadness, insomnia, anorexia, verbalizing negative statements, repetitive anxious or health related complaints and tearfulness. -Activities: --He/She enjoyed playing cars, board games, bingo, video games, bowling, volunteering and helping others. --He/She enjoyed yoga, drawing, jewelry making, listening to music, soft rock music, dancing and exercising. --He/She enjoyed bird watching, cookouts, social gatherings, walks, parties, shopping, and going out to eat. -Behavior/Mood --Staff were to provide physical and verbal cues to alleviate anxiety, give positive feedback, assist verbalization of source of agitation, assist to set goals for more pleasant behavior, encourage seeking out a staff member when agitated. --Staff should guide the resident away from distress. (continued on next page)

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	01/31/2025

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 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Mental Health Interventions/De-escalation: --Staff should assist with helping to stay on task, avoid arguing or getting defensive, avoid giving attention when he/she started to [NAME] about self. -Staff should be consistent and keep the routine. --Staff should be mindful of sensory sensitivities, be respectful, honest and non judgmental,. --Staff should calmly redirect inappropriate behavior. --Staff should decrease stimulation around him/her when he/she showed signs of anxiety, direct excess energy in a positive way. -Staff should not get in a power struggle. -He/She should be encouraged to participate in groups, encouraged independence, ensure the environment was safe. -His/Her changes in routine should be limited and be offered diversional activity. -Staff should use simple clear language when communicating. Review of the resident's Resident Agreement, dated 10/30/24, showed: -He/She had an in-service with the administrator and if he/she could be behavioral free, he/she would receive cigarettes of his/her choosing every Friday for 30 days. -He/She could vent to staff if he/she were having problems. -He/She would be seen twice weekly to vent and verbalize feelings during focus interviews. Review of the resident's Quarterly MDS, dated [DATE], showed: -He/she was cognitively intact. -He/she had physical behaviors symptoms directed toward others. -He/she had verbal behavioral symptoms directed toward others. -he/she had other behavioral symptoms not directed toward others. Review of the resident's facility Mental Status Exam, dated 1/2/25, showed: -The exam was completed by Nurse Practitioner B. -The reason for the visit was the resident was on a 1-1. (continued on next page)

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	01/31/2025

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 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The resident remained on a 1-1 since his/her last episode of self-harm. -He/She was educated to use his/her coping skills or activities to decrease anxiety symptoms. Review of the resident's 1-1 record showed: -He/She was on 1-1 for physical and verbal aggression as well as suicidal ideation. -He/She must always be in eyesight no more than 3 feet away from the staff. -There was no documentation 1/1/25 through 1/8/25. -1/9/25, the day shift was undocumented 7:00 A.M. to 7:00 P.M. -1/10/25, 1/11/25, 1/12/25- The night shift was undocumented 7:00 P.M. to 7:00 A.M. Review of the resident's Facility Investigation, dated 1/12/25, showed: -On 1/12/25 about 3:06 P.M., there was an incident of physical aggression involving Resident #34 and Resident #25. -Resident #34 was on the phone at the nursing station talking to his/her parents when Resident #25 rolled his/her wheelchair up behind Resident #34. -Resident #25 stood up and hit Resident #34 in the back of the head, continued to hit Resident #34 and grabbed Resident #34's hair as they fell to the ground. -Resident #25 shoved Resident #34's forehead into the floor and knocked Resident #34's head into the floor. -Resident #34 was given an ice pack for his/her forehead and had a raised area to the right side of his/her forehead. -Resident #34 was transferred to the hospital for treatment. Review of the resident's hospital record, dated 1/12/25, showed he/she was seen for a head injury and hematoma. Review of the resident's Psychosocial Post-Incident Questionnaire, dated 1/12/25, showed: -He/She would try to have staff support him/her by protecting him/her from Resident #25. -He/She did not feel safe around Resident #25. -He/She had a headache from the incident. -He/She was at his/her wits end. (continued on next page)

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	01/31/2025

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 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/21/25 at 11:28 A.M., Resident #34 said: -Last week he/she was on the phone with his/her parents and Resident #25 came up behind him/her and grabbed the back of his/her hair, took them to the floor and started banging his/her head on the floor. -Resident #25 lives across from me and I am scared. I want off this unit. -He/She had went to the hospital. -He/She did not remember who was his/her 1-1 or where they were. -He/She has not been him/herself and was afraid to around Resident #25 since Resident #25 had assaulted him/her. -He/She told the Administrator he/she was afraid and all the staff he/she talked too. During an interview on 1/23/25 at 4:11 P.M., CNA G said: -He/She had been on a 1-1 a couple of times with the resident. -He/She was the resident's 1-1 and was charting at a table on the hall while Resident #34 was on the phone. Resident #25 already had his/her hands on Resident #34 when he/she looked up from charting. -He/She could not intervene as he/she did not have CPI (Crisis Prevention Intervention) training. -Resident #34 was on the phone with his/her parents when Resident #25 came up behind and grabbed Resident #34. When he/she noticed what was going on, he/she asked Resident #25 to let go of Resident #34. Resident #34 ended up on the floor at the nurses station. -When assigned a 1-1 it meant to follow the resident everywhere except the restroom. A resident could close the door when in the restroom. -He/She would play videos, word search, shop online and talk with Resident #34 when on 1-1. Review of CNA G's training record showed no CPI training completed prior to 1/12/25. During an interview on 1/24/25 at 12:40 P.M., CMT E said: -On 1/12 Resident #34 was at the nursing station on the phone. -He/She was at the nursing station and passing medications through the door to other residents while Resident #34 was on the other side of the nursing station on the phone. The nursing station had glass all around it with opening between the glass and the counter where the phone was passed to Resident #34. (continued on next page)

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	01/31/2025

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 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/She did not see when or how Resident #25 grabbed Resident #34, he/she saw Resident #34 falling to the floor and Resident #25 on top of Resident #34. -No other staff helped to intervene before he/she placed himself/herself in between Resident #25 and Resident #34. -He/She told Resident #25 to sit down in his/her chair and pushed Resident #25's arms from hitting him/her. -Resident #34 was crying on the floor as his/her head was banged into the floor. -Resident #34 was crying for awhile. -Resident #34's staff member, assigned as 1-1, was new. -Resident #34 was on a continuous 1-1 which meant he/she had to always be within eyesight and arms reach. -The 1-1 should have jumped in and try to separate Resident #25 from Resident #34. Staff do not have to use their hands to separate residents. -Resident #34 said he/she was afraid of Resident #25. During an interview on 1/31/25 at 3:00 P.M., the Administrator said: -Resident #34 was on 1-1 and the staff person assigned was not close enough to intervene. -Resident #25 grabbed Resident #34 by the hair and pulled Resident #34 to the floor. -The CMT was inside the nursing station and when he/she responded could not get Resident #25 to loosen his/her grip. -Resident #34 had reported fear of Resident #25, he/she was reminded of his/her 1-1 and educated the 1-1 was available to support him/her. Review of the resident's 1-1 record showed: -There was no documentation on 1/13/25 and 1/14/25. -On 1/17/25, the night shift was undocumented from 7:00 P.M. to 7:00 A.M. Review of the resident's progress note, dated 1/17/25, showed: -He/She had cut him/herself on the left wrist with a plastic spoon. -The resident was sent to the hospital. During an interview on 1/22/25 at 6:00 P.M., CNA K said: (continued on next page)

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	01/31/2025

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 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 1/17/25, he/she was assigned as 1-1 to the resident after another staff person had to leave. Two other residents stopped him/her and Resident #34 walked on down the hall. -Resident #34 scratched his/her arm with a plastic fork. -A 1-1 should be within arms length watching the assigned resident at all times. -He/She should of had the resident wait for him/her or told the other residents he/she had to go. -He/She did not know where Resident #34 got the fork. During an interview on 1/24/25 at 12:55 P.M., Resident #34 said: -CNA K was in the day room when he/she tried to cut him/herself. -When CNA K was assigned as his/her 1-1, CNA K did not usually stay with him/her. CNA K would wander off and do other things and not pay attention to the resident. -He/She felt left alone when CNA K would not stay with him/her. -The day he/she cut at his/her arm, he/she wanted to talk with staff about how he/she felt. Review of the resident's progress note, dated 1/18/25, showed he/she was returned from the hospital with a new order of Haldol (a mediation to treat nervous, emotional and metal conditions) and Celexa (a medication for depression). Review of the daily staffing sheet, dated 1/19/25, showed: -1-1's were to sign service sheets each shift. -5 residents were assigned 1-1, which included Resident #34, #24, and #47. Review of the resident's 1-1 record showed: -There was no documentation 1/18/25 and 1/19/25. -1/21/25 had three signatures with no times of which shift were covered. Observation of Resident #34 on 1/19/25 at 10:40 P.M. and 11:35 P.M., showed: -The resident's door was closed and his/her 1-1 was not in sight. The resident was lying in bed. -All doors on the hall were closed during the observation. One staff person was observed on the hall sitting in a chair in front of a bed side table with his/her phone. During an interview on 1/19/25 at 11:26 P.M., Certified Nurses Aide (CNA) O said: -While Resident #47 was sleeping he/she watched the floor. (continued on next page)

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	01/31/2025

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 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Resident #47 door was closed because he/she was sleeping or in bed. During an interview on 1/19/25 at 11:31 P.M., CNA P said: -He/she was 1-1 for Resident #24. -He/she was sitting at a bedside table on the hall watching the floor. -Resident #24 was in his/her room in bed with the door closed. -He/she was to be within arms reach and or 6 foot to help the Resident #24 be calm. -Resident #24 was in bed he/she was calm. Observation showed all doors on the hall were closed. CNA P was on the hall sitting at the bedside table and the nurse was sitting on where the two halls meet. During an interview on 1/19/25 at 11:50 P.M., the Director of Nurses (DON) said: -Staff providing 1-1 supervision should be close enough to intervene for safety with the resident assigned. The doors should not be closed between the staff and the resident. -The facility had a challenge with call-ins, where there was not always enough staff to be dedicated solely to the resident who was assigned a 1-1. -Resident #34's unit had one CNA assigned to the hall and the 1-1 was not dedicated to Resident #34. -There was no 1-1 for Resident #34. -The assigned 1-1's for Resident #47 and #24 had not followed protocol for 1-1 assignment. Doors should not be closed between the residents and the staff. During an interview on 1/21/25 at 11:33 A.M., CNA L said: -He/She had been a 1-1 for the resident two to three times and knew the resident well. -He/She would fix the resident's hair, Internet shop, and exercise walking up and down the hall with the resident while on 1-1. -1-1 for the resident meant he/she needed to be able to see the resident and keep the resident from harming him/herself and or others. During an interview on 1/22/25 at 3:46 P.M. the Regional Director said: -When a resident was on a dedicated 1-1, the purpose of the 1-1 is where one staff was with one resident and the resident was within eyesight. (continued on next page)

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	01/31/2025

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 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Resident #34 had been on a continuous 1-1 due to his/her history of self-harming behavior. -The resident was likely to self-harm with whatever was within reach as a response to stimuli from his/her mental health diagnosis with no staff support. During an interview on 1/22/25 at 3:54 P.M. the Administrator said: -Residents were assigned to 1-1 when a resident needed more monitoring. -A 1-1 meant the staff person should be close enough to the resident to address a need if one should arise. -The staff should be able to see the resident at all times, with no closed doors between the staff and the resident. -Staff, when on 1-1, could talk to the resident and observe the resident interactions. -Staff should not also be working the hall and floor when on a 1-1. -Staff should not be assigned other duties when on 1-1. During an interview on 1/22/25 at 5:45 P.M., Licensed Practical Nurse (LPN) E said: -A few weeks before Resident #25 attacked Resident #34. -Resident #34 was assigned a continuous 1-1, which meant staff were to have eyes on him/her all the time during the assigned shift. The resident should also be in arms in reach. -Resident #34 was on the 1-1 for self-harming behavior. Resident #34 had self-harmed just the prior week. -On 1/17/24 Resident #34 tried to use a plastic fork or spoon to scratch his/her arm. -He/She was walking down the hallway leaving work when he/she saw Resident #34 out of the corner of his/her eye take a broken plastic utensil and begin to rub his/her arm. He/She grabbed the broken utensil and hung on until Resident #34 let go. -He/she did not see Resident #34's assigned 1-1, CNA K, anywhere near the resident. During an interview on 1/23/25 at 6:07 P.M., CMT D said: -Resident #34 was on a continuous 1-1 for self-harming behaviors. -Staff should be with the resident continuously within arms reach and be eyeball to eyeball. -Doors should not be closed between the staff assigned and the resident assigned. -When the resident was in the bathroom the door should remain cracked. (continued on next page)

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	01/31/2025

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 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/24/25 at 9:27 A.M., LPN B said: -The resident was on a 1-1 for saying he/she would kill or hurt him/herself. -He/She had no significant instances of self-harm on his/her shifts. -Occasionally the resident would scratch his/her arm with pen. The last time the resident had scratched him/herself with pen was about three weeks ago. -The resident was mostly on a soft 1-1 watch because there was not enough staff. -A soft 1-1 meant the staff could be assigned to the hall and check on the resident every once in a while. The resident could close his/her door if the lights were off. During an interview on 1/24/25 at 10:51 A.M. CNA J said: -He/She had been on a 1-1 with the resident. -He/She watched, observed, talked about things the resident liked when on 1-1. -He/She was responsible to make sure no harm came to the resident. The resident was to be in arm's length, within eyesight. -Doors were not to be closed unless the resident was in the bathroom and then privacy was given. During an interview and observation on 1/24/25 at 12:55 P.M., Resident #34 said: -He/she felt like cutting when he/she had no one to talk to. -When there is no one with him/her, he/she feels unimportant and gets focused on him/herself. -Observation showed his/her left arm had five small scrapes with one bigger than the others and redness. -The resident said he/she had only broken the skin. During an interview on 1/27/25 at 12:45 P.M. Medical Physician A said: -When a resident was placed on 1-1, there should be some staff presence in their company at all times. -He/She did not know all of the direct protocols at the facility and was not sure what all the processes in place were for monitoring. -His/Her team had taken over September 2024. During an interview on 1/27/25 at 3:00 P.M. the Psychiatric Nurse Practitioner A said: (continued on next page)

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	01/31/2025

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 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Resident #34 had been on a continuous 1-1. -The 1-1 staff should have been close enough to catch Resident #34 on the way down to the floor by Resident #25. -Staff should be close enough and working together to prevent altercations. -The resident had known self-harm behavior and a staff person should have been with the resident at all times. During an interview on 1/28/25 at 11:30 A.M. CNA M said: -He/She had done a 1-1 for the resident. -When a 1-1 was initiated the resident was never left alone by staff, the resident was always within eyesight. During an interview on 1/29/25 at 4:38 P.M., the Social Service Director A said: -He/She had started with the facility in October 2024 and the resident was on a continuous 1-1, he/she had been told the resident had been on a 1-1 for over a year. During an interview on 1/31/25 at 2:20 P.M., the DON said: - Resident #34 should have had his/her 1-1 close enough to intervene when Resident #25 hit Resident #34 from behind. -If the staff did not intervene because of CPI training the staff should not have been on the floor working. During an interview on 1/31/25 at 3:00 P.M., the Administrator said: -Resident #34 was on 1-1 and the staff person assigned was not close enough to intervene. -Resident #25 grabbed Resident #34 by the hair and pulled Resident #34 to the floor. -The CMT was inside the nursing station and when he/she responded could not get Resident #25 to loosen his/her grip. During an interview on 1/31/25 at 3:36 P.M. the Regional Director said: -1-1 monitoring was decided by the Administrator discretion as the need was found. -If a 1-1 was assigned with a resident, the resident should be in eyesight with no doors or walls between the staff and the resident. (continued on next page)

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	01/31/2025

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 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-If the 1-1 had been present during Resident #34 and Resident #25's incident, it may have been preventable. If the staff was not CPI trained they could not be hands on; but the staff could have stood in the middle of the two residents.