

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Bridgewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11515 Troost Kansas City, MO 64131	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. (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
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain a clean, comfortable, and homelike environment when hot water temperatures were not a minimum of 105 degrees Fahrenheit for rooms [ROOM NUMBER]; and the gender specific unit had dirt, debris and maintenance issues affecting 36 residents on the unit. The facility census was 151 residents. Review of the facility Resident Rights Policy dated 7/5/2023 showed: -Resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside facility. -Resident has the right to reside and receive services with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. Review of the facility Safe and Homelike Environment Policy date 6/5/2024 showed: -In accordance with resident's rights, the facility will provide a safe, clean, comfortable and homelike environment. -This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does pose a safety risk. -Environment refers to any environment in the facility that is frequented by residents, including the resident's rooms and bathrooms. -Sanitary includes but is not limited to, preventing the spread of disease-causing organisms by keeping resident care equipment clean and properly stored. -Housekeeping and maintenance services will be provided as necessary to maintain a sanitary and comfortable environment. -Minimize odors by disposing of soiled linens promptly and reporting lingering odors and bathrooms needing cleaning to housekeeping department. -Report any unresolved environmental concerns to the administrator. Review of the Housekeeping Policy dated 6/29/2023 showed: -The purpose was to ensure all rooms are clean. -Deep cleaning is to be completed as scheduled. -This includes complete pull-outs of furniture in rooms, wall cleaning, floor cleaning, restrooms to be cleaned and disinfected, cobwebs removed, beds and rails to be cleaned, sink clean, windows to be cleaned, floors at closets and doorway are to be free from wax/dirt build up. -All areas should be monitored on a daily basis and all resident living areas and non-living areas should be clean and odor free. -Daily cleaning should include: --Pick up all trash and put into trash can and empty. --Dust mop or sweep floor. --Submerge rag or sponge in with solution and clean surfaces beginning with touch areas on door and work clock or counterclockwise around the room. --Surfaces are to be cleaned including wall smudges, light and call light, side tables, and windows. --Clean the sink around the light fixtures and dispensers. --Clean inside and outside of the trash can, air dry and replace the trash can liner. --Clean bathroom using the same cleanser/disinfectant wall smudges, lights, and call switches. -All resident rooms will be deep cleaned once monthly or more often if needed. 1. Review of Resident #2's admission Record showed the resident was admitted on [DATE] with diagnoses including: Schizoaffective disorder, bipolar type (a mental health condition that is marked by a mix of schizophrenia symptoms, such as hallucinations and delusions, and mood disorder symptoms, such as depression, mania and a milder form of mania called hypomania), agoraphobia with panic disorder (a phobic-anxious syndrome where patients avoid situations or places in which they fear being embarrassed, or being unable to escape or get help if a panic attack occurs), and post-traumatic stress disorder (a mental health disorder that some people develop after they experience or see a traumatic event). Review of the resident's Quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning) dated 7/21/25 showed the resident was cognitively intact. During an interview on 7/22/25 at 6:23 P.M. the resident said: -He/She has reported the living conditions were not good. -Windows and closets were dirty. -The sink in his/her room had water standing in it because it was clogged and it was unusable. Observation in room [ROOM NUMBER] on 7/28/25 at 4:30 P.M. showed: -Brown spots on the bathroom wall around the toilet paper holder. -Windowsill with dust and debris. -The sink not draining when the water was turned on. -Hot water temperature at 76.1 degrees Fahrenheit after the water ran for two minutes. During an interview on 7/28/25 at 4:35 P.M. Resident #2 said: -His/Her room has not been cleaned. -He/She complained of not having any hot water in the sink. -He/She has told staff about it, but nothing has been done. -He/She had cheesecake with the administrator today and was told it would be handled today. -There had not been anything done to resolve his/her concerns. Observation in room [ROOM NUMBER] on 7/28/25 at 4:44 P.M. showed: -The sink was full of brown water with trash along the side of the sink and under the tissue. -There was a brown build up in the corners under the sink where the floor and baseboard meet. -The bathroom floor was dirty with brown spots and white debris. -The toilet had brown splatter on the edge and in the bowl with a</p>		

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>(continued on next page)</p>

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to ensure the facility adhered to all the applicable components of the process for discharging a resident which included reassessment once the three sampled residents (Resident #1, #3, and #5) were found no longer a safety risk and were medically stable out of 25 sampled residents. The facility census was 151 residents. S483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:-The location to which the resident is transferred or discharged .-The specific location (such as the name of the new provider or description and/or address if the location is a residence) to which the resident is to be transferred or discharged . Review of the facility Resident Transfer/Discharge, Immediate Discharge, and Therapeutic Leave Policy dated 6/12/25 showed:-Purpose was to establish policy and procedure regarding the transfer/discharge of residents.-To ensure no inappropriate discharges are made and that no discharges are made in an unsafe manner.-The facility may discharge or transfer a resident for the following reasons, including:--Resident's welfare and needs cannot be met by the facility.--The safety of individuals in the facility is endangered.--The health of individuals in the facility is or would be endangered.-Residents who are sent emergently to the hospital are considered transfers because the resident's return is generally expected.-Residents who are sent to the emergency room, must be permitted to return to the facility, unless the resident meets one of the criteria under which the facility can initiate a discharge.-The facility should work with the hospital to determine if the resident's condition and needs upon discharge from the hospital are within the facility's scope of care.-In a situation where the facility initiates a discharge while the resident is in the hospital following an emergency transfer, the facility must have evidence that the resident's status is not based on his or her condition at the time of the transfer and meet one of the criteria listed above. 1 Review of Resident #1's admission Record showed the resident was admitted on [DATE] with a guardian in place, last readmission on [DATE] with diagnoses including vascular dementia, paranoid schizophrenia, and narcissistic personality disorder. Review of the resident's Discharge Recapitulation dated 7/9/25 showed:-Notification to resident, guardian and ombudsman for immediate discharge to hospital.-Resident had been admitted to the hospital five times in the last six months.-Resident had a caregiver, guardian, at the time of discharge.-Resident required assistance with activities of daily living (ADL). Review of the resident's Immediate Notice of Discharge Resident Needs Cannot Be Met by Facility dated 7/9/25 showed:-Addressed to the resident's guardian.-The reason for immediate discharge was that the resident's health and safety as well as the health and safety of other residents and staff was endangered.-The resident was discharged to the hospital.-Appeal information, ombudsman contact, and advocacy information was included in the letter.-An email with the letter was sent to the ombudsman on 7/10/25. During an interview on 7/10/25 at 1:44 P.M. Hospital Nurse Case Manager C said:-The resident was admitted to hospital on [DATE]. -On 7/10/25 he/she spoke to the Administrator to discuss return of the resident to the facility. The Administrator said he/she had spoken with the Public Administrator's office advising them of an emergency discharge for the resident. The Administrator was told the resident had been evaluated by the hospital medical team and psychiatry and was stable to return to facility. The Administrator advised the resident would not be able to return to the facility. -The facility Administrator made no further contact with the hospital for assessment or make arrangements to take the resident back. During an interview on 7/29/25 at 9:08 A.M. Guardian Representative A said:-The resident had been at the facility for many years with many behaviors and refusal of care.-The facility sent the resident out and gave the resident an immediate discharge.-There were no referrals sent out for an alternative placement for the resident.-The guardian appealed with the ombudsman and a hearing was scheduled for 8/5/25.-The office was aware of the resident being sent out and received the immediate discharge notice on 7/10/25, dated 7/9/25.-The facility sent the resident to the hospital and gave the resident an immediate discharge with no plan in place or collaboration with the guardian. There was communication prior to the discharge about the resident atypical type behaviors, but no mention of the intent to discharge. During an interview on 7/28/25 at 1:05 P.M. the Administrator said:-Emergency discharge for the resident was finalized by corporate on 7/10/25 and sent immediately to the resident guardian and ombudsman as it related to the resident leaving the facility on 7/9/25.-The Ombudsman had reached out and mentioned there could be an appeal.-There was no indication there was a concern about the discharge from the ombudsman.-He/She spoke with the resident guardian and the hospital case manager and told them there was no plan at that time</p>		

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<p>F 0918</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide a bathroom in or located near each resident's room.</p> <p>(continued on next page)</p>

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<p>F 0918</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview the facility failed to maintain a safe, sanitary and functioning environment when the sinks in rooms [ROOM NUMBER] had discolored water standing in the sinks and in rooms [ROOM NUMBERS] the sinks did not drain after water was ran for 2 minutes. This failure impacted nine residents living in those rooms. The facility census was 151 residents.S483.90(i) The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Review of the facility Resident Rights Policy dated 7/5/2023 showed:-Resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside facility. -Resident has the right to reside and receive services with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. Review of the facility Safe and Homelike Environment Policy date 6/5/2024 showed:-In accordance with resident's rights, the facility will provide a safe, clean, comfortable and homelike environment. -This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does pose a safety risk. -Environment refers to any environment in the facility that is frequented by residents, including the resident's rooms and bathrooms.-Housekeeping and maintenance services will be provided as necessary to maintain a sanitary and comfortable environment. -Report any unresolved environmental concerns to the administrator. 1.Review of Resident #2's admission Record showed the resident was admitted on [DATE] with diagnoses including Schizoaffective disorder, bipolar type (a mental health condition that is marked by a mix of schizophrenia symptoms, such as hallucinations and delusions, and mood disorder symptoms, such as depression, mania and a milder form of mania called hypomania), agoraphobia with panic disorder (a phobic-anxious syndrome where patients avoid situations or places in which they fear being embarrassed, or being unable to escape or get help if a panic attack occurs), and post-traumatic stress disorder (a mental health disorder that some people develop after they experience or see a traumatic event). Review of the resident's Quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning) dated 7/21/25 showed the resident was cognitively intact. During an interview on 7/28/25 at 4:35 P.M. Resident #2 said:-He/She lives in room [ROOM NUMBER] alone.-His/Her sink was not draining.-He/She has told staff about it, but nothing has been done. During an observation in room [ROOM NUMBER] on 7/28/25 at 4:40 P. M. the sink in the resident's bathroom did not empty after the water was ran for two minutes. During an observation in room [ROOM NUMBER] on 7/28/25 at 4:41 P.M. showed:-The sink filled with brown water. -The toilet in the resident bathroom with an adult incontinent brief in the toilet water. During an observation in room [ROOM NUMBER] on 7/29/25 at 10:25 A.M. showed the sink did not empty after the water was ran for two minutes. Review of Resident #14's admission Record showed the resident was admitted on 12/28/2024 with diagnoses including schizoaffective disorder and anxiety disorder. Review of the resident's Quarterly MDS dated [DATE] showed the resident was moderately cognitively impaired. During an interview on 7/29/25 at 10:40 Resident #14 said:-He/She lives in room [ROOM NUMBER].-His/Her sink has been clogged up for two or three days.-The staff has been using the plunger under the sink to try to unclog the sink. During an observation in room [ROOM NUMBER] on 7/2/25 at 10:41 A.M. showed:-The sink in the bathroom approximately half full of light brown water.-The toilet in the resident's bathroom with light brown water. During an observation in room [ROOM NUMBER] on 7/29/25 at 10:54 A.M. showed:-The sink over halfway full of dark gray water.-Water line sediment on the sides of the sink. During an observation in room [ROOM NUMBER] on 7/29/25 at 10:56 A.M. showed:-The sink over halfway full of light gray water.-Water line sediment on the sides of the sink. During an interview on 7/29/25 at 12:16 P.M. the Maintenance Director said:-He/She had been unclogging sinks/bathrooms constantly.-Traps are being clogged from residents using the sink to make random things like ramen noodles, coffee and tea in them.-The toilet plunger should not be used on the sink. there should be a sink plunger, or it should be unclogged with a snake, by maintenance.-He/She was the only maintenance person at that time.-He/She was told on 7/28/25 there was some sinks backing up and he is going to work on those today, 7/29/25.-The new system for communicating maintenance needs had not yet been implemented. During an interview on 7/29/25 at 1:19 P.M. Certified Medication Technician (CMT) A said:-He/She usually on the gender specific unit.-Sinks being clogged has been an off and on issue. -The residents put things in the sink and toilets, such as Ramen noodles. -He/She</p>		