

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  11/20/2025
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 0805  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.  (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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to serve the physician ordered diet in the correct consistency to meet the resident's need for one sampled resident (Resident #7) out of 8 sampled residents. The facility census was 151 residents. Review of the facility's Pureed Food Preparation policy and procedure dated 2016, showed pureed foods will be prepared using standardized recipes to ensure quality, flavor, and maximum nutritive value. It showed: -Standardized recipes will be used to prepare all pureed foods. The recipes will be adjusted to the number of pureed diets needed, including seasoning and technique to ensure the highest quality. -Recipes will not use water to thin pureed foods. Only broth, milk, gravy, juice margarine or another appropriate condiment that preserves flavor shall be used. -Food thickener will be used in accordance with a specific recipe or product instructions. Pureed foods will be the consistency of applesauce or smooth, mashed potatoes. -The flavor of pureed foods will be assessed. The food should have the same desirable flavor as the menu item. -Staff will be in-serviced on proper preparation of pureed foods. 1. Review of Resident #7's Face Sheet showed the resident was admitted to the facility on [DATE], with diagnoses including kidney disease, depression, anemia (low iron) and heart disease. Review of the resident's quarterly Minimum Data Set (MDS-a federally mandated assessment tool to be completed by facility staff for care planning) dated 6/4/25, showed the resident: -Was alert with moderate confusion. -Needed supervision with eating. -Had no symptoms of a swallowing problem during the lookback period or weight loss. -Had a gastrostomy tube (a device to aide in feeding) and received a mechanically altered, therapeutic diet. -Received 501 calories or more of liquid nutrition through his/her gastrostomy tube. -Received 26 to 50 percent of his/her total calories through his/her gastrostomy tube. Review of the resident's Physician Order Sheet (POS) dated September 2025, showed physician's orders for: -Diet order-pureed texture, with mildly thick, nectar like beverages. -Jevity 1.5 one can (liquid nutrition) via gastrostomy tube (a thin, flexible tube inserted through the abdominal wall and into the stomach. It provides an alternative route for delivering nutrition, fluids, and medications directly to the stomach when a patient is unable to eat or swallow normally) whenever the resident eats less than 50 percent of his/her oral meal (12/14/24). Review of the resident's Care Plan updated 6/20/25 showed the resident received nutrition via a gastrostomy tube and received a regular pureed diet with nectar thick liquids. The interventions instructed staff to: -Dietary will monitor the resident's diet monthly to ensure proper dietary recommendations. -The Registered Dietician will review the medical record quarterly to ensure the diet is still the proper diet for the resident. -Staff will monitor the resident while eating for increased risk of aspiration. The original diet is pureed with nectar thick liquids, but he/she had a waiver for a regular diet. Record review of the resident's Medical Record did not show a Registered Dietician Assessment, Speech Therapy Assessment, swallow study or Physician assessment or recommendation to show the resident's diet order to be changed from pureed to mechanical or soft foods diet. A dietary waiver was not located in the medical record. Observation on 9/18/25 at 7:56 A.M., showed residents were eating breakfast in the main dining area. There were no residents who were eating pureed food or needed assistance with eating or used an assistive device to eat. Residents were served directly from the kitchen and were receiving meals as they came into the dining area. Observation and interview on 9/18/25 at 8:28 A.M., showed residents on the medical unit were in the dining area on the unit. They were being served beverages but had not been served their meal yet. Certified Medication Technician (CMT) A said: -They served meals to the residents on the unit in two shifts. There was an early morning shift for residents who were up earlier and who received mechanical soft meals and the second shift were for residents who got up later and received regular and pureed diets. The first serving was at 7:30 AM and they were waiting for the second serving to come onto the unit. -They only had one resident on the unit who ate a pureed diet, Resident #7, and he/she would be eating in the second shift. Observation and interview on 9/18/25 at 8:29 A.M., showed Resident #7 was sitting at a table in the dining room. The resident looked clean, was dressed for the weather without odor and was alert and oriented. He/she had a gastrostomy tube under his/her shirt that he/she tucked in. The resident said he/she was waiting on his/her breakfast to come, and he/she had not eaten yet. There were two beverages sitting in front of him/her. During an observation and interview on 9/18/25 at 8:40 A.M. showed Certified Nursing Assistant (CNAN) C brought the meal cart onto the unit and began delivering the resident meals. At 8:45 A.M., the resident received his/her breakfast, a large bowl of oatmeal that was lumpy. It did not have a smooth texture. The resident began to eat it without</p>		