

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 03/20/2026
NAME OF PROVIDER OR SUPPLIER Bridgwood 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)
<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to protect nine sampled residents (Resident #1, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #11, and Resident #17) from physical abuse out of 19 sampled residents. On 3/4/26, Resident #2 hit Resident #1 resulting in a lacerated lip with four stitches. On 3/18/26, Resident #3 pushed Resident #4 and Resident #4 hit Resident #3. On 3/8/26, Resident #5 and Resident #6 hit each other, resulting in Resident #5 sustaining a nasal fracture. On 3/12/26, Resident #10 pushed Resident #11 resulting in Resident #11 scraping his/her left hand on the brick wall. On 3/16/26, Resident #7 punched Resident #8 in the head. On 3/20/26, Resident #7 and Resident #17 hit each other. The facility census was 129 residents. 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. -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 mistreating a resident in a brutal or inhumane manner. -Physical abuse also included, but is not limited to, hitting, slapping, punching, biting, and kicking. 1. Review of Resident #1's admission Record face sheet showed the following diagnoses: -Paranoid schizophrenia, (a chronic mental health disorder characterized by intense, irrational delusions and auditory hallucinations). -Nicotine dependence. -Personal history of traumatic brain injury, (a localized, mild brain injury caused by a direct blow, resulting in localized, non-diffuse, and sometimes, long-lasting symptoms). -Other specified intracranial injury without loss of consciousness, (brain injury). Review of Resident #1's Quarterly Minimum data set (MDS - a federally mandated assessment instrument completed by facility staff for care planning), dated 2/5/26, showed the resident assessed as cognitively intact. Review of Resident #1's Care Plan Report dated 12/24/25 showed: -The resident had negative behaviors such as hitting people. -His/Her triggers were when someone was mouthing off at him/her. -He/She used smoking, breathing and emptying trash as coping skills. -He/She had a behavior problem of unused coping skills. -Interventions included: assisting the resident to develop more positive coping skills; encouraging the resident to express feelings appropriately. -Explain why behavior was inappropriate or unacceptable for the resident. Review of Resident #2's admission Record face sheet showed the following diagnoses: -Schizophrenia, (Serious mental illness that affects how a person thinks, feels, and behaves. -Disorganized schizophrenia, (a severe subtype of schizophrenia characterized by prominent disorganized speech, behavior and flat or inappropriate affect). -Insomnia, (common sleep disorder characterized by difficulty falling or staying asleep). Review of Resident #2's MDS dated showed the resident assessed as he/she was cognitively intact. Review of Resident #2's Pre-admission Screening and Resident Review (PASSR) Level II Evaluation dated 10/10/21 showed the resident had: -Schizophrenia with bizarre delusions related to food, medications and clothing. -Ongoing hallucinations and delusions. -Disorganization with poor insight and judgement. -A history of attempting to elope and became agitated and threatening to staff. -A history of agitation and anxiety. Review of (continued on next page)</p>

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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F 0600 Level of Harm - Actual harm Residents Affected - Few	<p>the facility's Follow-up Reporting Form dated showed:-Resident #2: alleged victim-Resident #1: alleged perpetrator.-Resident #2 was passing by Resident #1 and bumped Resident #1 on the left side.-Resident #1 gestured to hit Resident #2 and Resident #2 turned and hit Resident #1, then turned and walked away.-In the process, Resident #1 bit his/her lip and was sent to the hospital where he/she received stitches. Review of Resident #1's hospital encounter summary dated 3/4/26 showed:-Reason for the visit: laceration of lower lip and abrasion to left side of face.-He/She reports being struck with a fist by a co-resident in the mouth and left side of face at the facility.-He/She had a 2-centimeter (cm) laceration to right sided face just below lip. Teeth were intact. Intraoral mucosa (the soft, moist tissue lining the inside of the mouth) was intact, no gaping.-Procedures included laceration repair and CT of head without contrast.-Head CT without contrast showed no acute bleed or infarct.-He/She received 6 nylon sutures at laceration. Review of Resident #1's Psychosocial Post-Impact Questionnaire dated 3/5/26 showed:-He/She was the aggressor and thought he/she was joking around.-The resident said he/she could have done things differently by walking away from the situation.-He/She felt safe and did not have any aftereffects from the incident. During an interview on 3/18/26 at 10:50 A.M., Resident #1 said:-Resident #2 swung at him/her first and he/her bit his/her lip.-He/She came out the door and accidentally hit Resident #2 with the door.-He/She was going to apologize, but Resident #2 threw his/her fists up.-He/She did not hit Resident #2 and denied throwing the first punch.-Resident #2 only hit him/her on the chest one time and did not hit him/her in the face.-The two residents had a fight a year ago, but otherwise they got along ok.-He/She did not know why he/she bit his/her lip, except he/she was trying not to hit Resident #2.-The hit made him/her feel surprised, but it did not hurt his/her feelings.-The two residents had made up since this altercation and were not trying to harm each other.-Resident #2 did not say anything to him/her; maybe he/she thought the door was his/her fist.-He/She said, 'I'm sorry man, to Resident #2. During an interview on 3/18/26 at 11:30 A.M., Resident #2 said Resident #1 hit him/her. During an interview on 3/20/26 at 10:30 A.M., Counselor A said:-Resident #1 was going outside and bumped Resident #2 with the door.-Resident #2 hit Resident #1 first.-He/She heard Resident #2 smack Resident #1 hard, and Resident #1 got a cut lip. 2. Review of Resident #3's admission Record face sheet showed the following diagnoses:-Persistent traumatic brain injury, (a progressive, degenerative brain disease linked to repeated head impacts).-Major depressive disorder, (a serious mental health condition characterized by persistent, intense sadness or loss of interest impacting daily life).-Mild cognitive impairment, (intermediate stage between normal aging and dementia).-Mental disorder, not specified-Bipolar disorder, (chronic mental health condition characterized by intense, fluctuating mood shifts including extreme highs and lows).-Concussion with loss of consciousness, (a mild traumatic brain injury caused by a bump, blow or jolt to the head or body). Review of Resident #3's MDS dated [DATE] showed the resident assessed as moderately cognitively impaired. Review of Resident #4's admission Record face sheet showed the following diagnoses:-Schizophrenia.-Personal history of traumatic brain injury.-Borderline Personality Disorder, (a mental health condition characterized by long-term instability in emotions, self-image and relationships).-Bipolar Disorder-Persistent Mood Disorder, (a chronic long-term form of depression).-Paranoid Schizophrenia, (a chronic mental health disorder characterized by intense, irrational suspicions, delusions of persecution, grandeur or hallucinations).-Schizoaffective Disorder, (a chronic mental health condition combining schizophrenic symptoms with mood disorder symptoms).-Catatonic Schizophrenia, (a severe, rare subtype of schizophrenia characterized by extreme motor, speech and behavioral abnormalities).-Major Depressive Disorder-Borderline Intellectual Functioning, (a categorization of intelligence where a person had below average cognitive ability).-Post-Traumatic Stress Disorder, (a mental health condition triggered by experiencing or witnessing terrifying events, causing flashbacks, avoidance, severe anxiety and negative mood changes).-Psychosis, (a mental health condition characterized by a loss of contact with reality). Review of Resident #4's MDS dated [DATE] showed the resident assessed as cognitively intact. Review of Resident #4's Progress Note dated 3/27/26 at 12:33 P.M. (continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>showed:-A Code [NAME] (staff emergency behavioral response) called to the back hall.-Resident #4 hit Resident #3 because he/she touched his/her shoulder.-Resident #4 reported talking to staff and Resident #3 put a hand on Resident #4's shoulder.-Resident #4 stated he/she did not like to be touched so he/she punched Resident #3 in the chest. Review of Resident #3's Progress Note dated 3/27/26 at 12:46 P.M., showed:-Resident #3 observed Resident #4 close to a female staff member's face. -Resident #3 touched Resident #4's shoulder and told him/her to back up. -Resident #4 then hit Resident #3 in the chest, and stated don't touch me. Review of the facility incident report dated 3/18/26 showed:- Resident #4 stood talking to a female staff member when Resident #3 came up and put his/her hand on Resident #4's shoulder. -Resident #4 turned and hit Resident #3 in the chest. During an interview on 3/18/26 at 10:59 A.M., Resident #4 said:-Resident #3 put hands on him/her first.-Resident #3 should not have touched him/her.-Resident #3 pushed him/her. Resident #4 hit Resident #3 back on the chest.-He/She tried to hurt Resident #3, because the resident should not have put his/her hands on him/her.-It was a hard push, not a greeting push.-He/She spoke to a staff person at the time.-It made him/her upset when Resident #3 pushed him/her. During an interview on 3/18/26 at 11:04 A.M., Resident #3 said:-Resident #4 spoke to a staff person.-He/She saw Resident #4 touch the staff person and he/she pushed Resident #4 to protect the staff person.-Resident #4 was wrong to touch the staff person.-He/She pushed Resident #4 on the shoulder.-He/She was not trying to harm Resident #4; he/she did not say anything.-Resident #4 turned around and hit him/her on the chest.-Resident #4 used a fist and it hurt so bad he/she could not breathe.-It made him feel sad when Resident #4 hit him/her. During an interview on 3/29/26 at 12:00 P.M., Certified Nursing Assistant (CNA) F said:-He/She was present with Resident's #3 and #4 had their altercation.-He/She sat on a chair charting and Resident #4 approached him/her.-Resident #4 got down on his/her knee to talk about sports jerseys.-Resident #3 came up to Resident #4 and placed his/her hand on the resident's shoulder.-He/She could not say Resident #3 pushed Resident #4. CNA F did not think it was a push, but Resident #3's hand came in contact with Resident #4's shoulder.-Resident #4 jumped up and punched Resident #3 in the chest.-Resident #4 said, Don't put your [expletive] hands on me.-He/She got in between the two residents and called a Code [NAME] for help.-Resident #4 walked off and he/she shut the door between the two residents.-Resident #3 was upset because he/she got punched. During an interview on 3/20/26 at 10:30 A.M., Counselor A said:-There was no further escalation between the two residents; it was a one-time thing.-The two residents were not friends, but they did not dislike each other.-It sounded to him/her like it was a miscommunication.-Resident #3 had a traumatic brain injury and his/her cognition was greatly affected.-Resident #3 could get confused in certain social situations.-Resident #4 was typically a cool and calm individual.-He/She felt Resident #4 was trying to stand his/her ground and teach Resident #3 a lesson. 3. Review of Resident #5's admission Record face sheet showed the following diagnoses:-Schizoaffective disorder.-Generalized anxiety disorder, (a mental health condition characterized by persistent, excessive and uncontrollable worry about every day matters).-Brief psychotic disorder, (a sudden, short-term mental health condition characterized by disorganized thought, delusions, hallucinations, lasting between a day and a month).-Paranoid personality disorder, (a mental health condition characterized by pervasive, unjustified pattern of distrust and suspicion of others).-Antisocial personality disorder, (a chronic mental health condition characterized by long-term pattern of manipulating, exploiting or violating the rights of others). Review of Resident #5's MDS dated [DATE] showed the resident assessed as cognitively intact. Review of Resident #5's hospital Patient Visit Information dated 3/8/26, showed the resident seen for aggressive behavior and imaging notable for subtle non-displaced nasal bone fractures (crack in the nose bone). Review of Resident #6's admission Record face sheet showed the following diagnoses:-Asperger's Syndrome, (part of the autism spectrum disorder characterized by significant difficulties in social interaction and non-verbal communication).-Impulse disorder, (a behavioral condition that makes it difficult to control actions and reactions).-Paranoid schizophrenia.-Major depressive disorder.-Obsessive compulsive disorder, (a</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>mental health condition in which one has thoughts or rituals over and over, which interfere with life, but cannot be controlled). Review of Resident #6's MDS dated [DATE] showed the resident assessed as cognitively intact. During an interview on 3/18/26 at 11:36 A.M., Resident #5 declined to be interviewed and left the room. During an interview on 3/18/26 at 11:38 A.M., Resident #6 said:-Resident #5 came in his/her room and started eating his/her food.-He/She told Resident #5 to stop it.-Resident #5 did not stop eating his food, so he/she went after the resident.-Resident #5 fought back and hit Resident #6 in the face.-The two residents fell to the floor and wrestled, and that was the end of it.-Resident #5 got a bloody nose and mouth.-He/She was not trying to harm Resident #5. He/she was just mad the resident was getting into his/her food. During an interview on 3/20/26 at 10:30 A.M., Counselor A said:-Resident #6 had gotten into altercations due to people taking his/her things.-Resident #5 had a narcissistic (excessive unhealthy preoccupation with oneself) trait where he/she said he/she was right and everyone else was wrong. 4. Review of Resident #10's admission Record face sheet the following diagnoses:-Schizophrenia, unspecified.-Insomnia, unspecified.-Generalized anxiety disorder. Review of Resident #10's MDS dated [DATE] showed the resident assessed as cognitively intact. Review of Resident #10's PASSR/Level II Evaluation dated 2/5/26 showed:-Diagnoses of: undifferentiated schizophrenia; schizophreniform disorder; schizoaffective disorder, depressive type - recurrent with psychotic features.-Mood appropriate with blunted affect.-Cognition diminished, with impaired attention, focus and concentration as well as reduced ability to respond to open ended questions.-No active psychosis, delusional content or perceptual disturbances noted.-No acute mood instability, anxiety exacerbation or disturbances in reality were noted. Review of Resident #11's admission Record face sheet showed the following diagnoses:-Undifferentiated schizophrenia.-Generalized anxiety disorder. Review of Resident #11's MDS dated [DATE] showed the resident assessed as cognitively impaired. Review of Resident #10's Progress Note dated 3/12/26 at 9:41 A.M. showed:-the resident stated his/her peer attempted to urinate on the smoke deck.-He/She pushed Resident #11 to prevent him/her from urinating on the deck.-He/She was tired of [Resident #11] pissing on the deck. Review of Resident #11's Progress Notes dated 3/11/26 at 6:33 P.M. showed:-the resident involved in an incident as the victim.-He/She was seen urinating on the smoke deck by another resident, Resident #10.-Resident #10 told Resident #11 to stop and go to the bathroom.-He/She did not stop urinating and Resident #10 pushed him/her.-A Code [NAME] (emergency behavioral health incident) was called and staff intervened.-Resident #11 tried to hit Resident #10, but did not make contact.-Resident #11 slipped in his/her urine and, tried to stabilize him/herself, scraped a hand on the brick wall, causing a laceration. Review of the facility investigation dated 3/12/26, showed:-The incident occurred on 3/11/26 at approximately 6:32 P.M.-Physical aggression not involving the head occurred.-Resident #11 observed urinating on the smoke deck by Resident #10.-Resident #10 told him/her to stop and go to the bathroom.-Resident #11 did not stop urinating and Resident #10 pushed him/her.-Resident #11 tried to hit Resident #10, but did not make contact.-Resident #11 slipped in his/her urine and as stabilizing him/herself, hit his/her left hand on the brick wall causing a laceration. Review of the facility's Follow-Up Reporting Form dated 3/17/26 showed:-Resident #11: the victim.-Resident #10: the aggressor.-Resident #10 witnessed Resident #11 urinating on the deck and tried to tell him/her to stop.-Resident #10 became upset and pushed Resident #11.-Resident #11 tried to hit Resident #10, but did not make contact.-Resident #11 slipped in the urine and hit his/her left hand on the brick wall trying to stabilize him/herself, causing a laceration.-When asked why he/she pushed Resident #11, Resident #10 stated he/she was tired of Resident #11 pissing on the deck. During an interview on 3/18/26 at 11:56 A.M., Resident #10 said:-He/She was smoking a cigarette and Resident #11 came out where he/she stood and started urinating.-This made him/her angry.-Resident #11 was not supposed to be out in this area because he/she lived in a different area.-He/She asked Resident #11 why he/she was relieving him/herself there.-Resident #11 said, I don't know, man, I don't know and laughed it off.-He/She did not hit Resident #11; he/she pushed the resident.-Resident #11 slipped and (continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>cigarette when the incident occurred. The resident stepped between the two guys. During an interview on 3/18/26 at 1:19 P.M., Resident #9 said:-Resident #7 was outside smoking a cigarette with him/her.-Resident #8 came out and asked for a drag from Resident #7's cigarette,-Resident #7 said no, the cigarette was only for him/her and Resident #9.-Resident #8 got mad and punched Resident #7 three or four times in the head.-He/She stepped in between Resident #7 and Resident #8, but did not get hit.-Resident #8 was already done punching Resident #7.-No staff were present at the time.-He/She told Nurse Consultant A that Resident #7 got punched and they took it to the administrator.-Resident #8 was usually not like that; this was the first time he saw him/her punch someone.-He/She felt safe living at the facility. Review of the Witness Statement dated 3/16/26 by Resident #7 showed:-The resident stood on the smoke deck with Resident #8.-He/She and Resident #9 were smoking together.-Resident #8 hit him/her in the face.-He/She fell when Resident #8 hit him/her.-Resident #8 hit him/her two or three times on the back of the head.-Resident #9 said something to him.-Resident #9 helped him/her up and Resident #8 remained on the patio. During an interview on 3/18/26 at 2:25 P.M., Resident #7 said:-He/She and Resident #8 fought over a cigarette.-Resident #8 came out and wanted a puff of his/her cigarette.-He/She said no, so Resident #8 hit him/her on the top of the head.-He/She did not get a bump or injury from the hit.-Resident #8 used his/her fist, but it did not hurt.-The two residents were not usually friends.-He/She had not previously fought with Resident #8.-He/She was not usually afraid of Resident #8.-He/She did not feel anything when Resident #8 hit him/her; he/she just walked away.-Nobody else was out there. Review of Resident #8's Psychosocial Post-Incident Impact Questionnaire dated 3/16/26 showed:-H/e/She was the aggressor in the incident.-He/She stated Resident #7 started it by talking crazy to me.-He/She felt allowing more cigarette breaks would help his/her coping skills be more effective.-He/She did not know what he/she could have done differently in the situation.-He/She felt safe. During an interview on 3/18/26 at 11:13 A.M., Resident #8 said:-He/She asked Resident #7 for a hit on his/her cigarette.-Resident #7 said, Get the fuck out of my face, so he/she hit Resident #7.-He/She hit Resident #7 on the side of the face.-He/She used a fist.-He/She was not trying to harm Resident #7; he/she just did not like what he/she said.-It made him mad when Resident #7 said that.-Resident #7 did not hit him/her back.-Resident #7 fell, got up off the ground, and came in the building. 6. Review of Resident #17's admission Record Face Sheet showed the following diagnoses: -Bipolar disorder.-Attention -Deficit Hyperactivity Disorder-Bipolar II disorder, (a mental health disorder characterized by alternating patterns of depressive episodes and abnormally elevated and extreme mood changes).-Chronic Post-Traumatic Stress Disorder-Generalized anxiety disorder.-Autistic disorder, (a neurodevelopmental condition affecting communication, behavior and social interaction). Review of Resident #17's PASSR dated 2/23 showed:-A history of being homeless.-Behavioral difficulties and/or mental illness symptoms requiring 24-hour monitoring/management.-A a history of panic, anxiety, depression, irritability, agitation, struggles with paranoia and anxiety amongst crowds, anger control issues, ongoing boundary issues inappropriate sexual behavior, and counseling for anger outbursts.-Impaired judgement and insight and requires staff supervision and verbal cues to maintain appropriate boundaries with both males and females. Review of Resident #17's MDS dated [DATE] showed the resident assessed as cognitively intact. Review of Resident #12's admission Record Face Sheet showed the following diagnoses:-Schizoaffective disorder.-Generalized anxiety disorder.-Autistic disorder.-Post-traumatic stress disorder. Review of Resident #12's MDS dated [DATE] showed the resident assessed as cognitively intact. Review of Resident #12's Progress Notes dated 3/20/26 showed:-The resident stated he/she was outside smoking when Resident #7 kept messing with him/her.-He/She asked Resident #7 to leave him/her alone, but the resident did not.-Instead, Resident #7 hit Resident #17 in the right side of the face.-Discoloration was noted to the right side of the neck.-He/She did not complain of discomfort or pain. Review of Resident #7's Post-Incident Impact Questionnaire dated 3/20/26 showed the resident was the aggressor and his/her right temple hurt. Review of Resident (continued on next page)</p>		

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 03/20/2026
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)		
<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>#7's written statement dated 3/20/26 showed:-Resident #17 hit him/her first.-Resident #17 was messing with Resident #12, trying to use his/her computer. -It pissed me off. -Resident #17 was in his/her face and it made him/her angry. - I told you it wasn't me. During an interview on 3/20/26 at 1:08 P.M., Resident #7 said:-He/She was upset because Resident #17 was talking to Resident #12.-Resident #11 did not want to talk to Resident #17.-Resident #16 tried to talk to Resident #12 again.-Resident #16 hit first.-He/She fell to the ground and Resident #17 fell on top of him/her.-He/She did not have a crush on Resident #17.-He/She had a crush on Resident #12.-Resident #12 liked him/her.-He/She was not trying to harm Resident #17. Review of Resident #17's written statement dated 3/20/26 showed:-He/she got up to walk inside from the smoke patio.-He/She told Resident #7 to leave him/her alone.-Resident #7 had been giving him her dirty looks all morning.-When he/she was sitting with Resident #11, Resident #7 drew his/her arm back and swung at him/her and hit him/her on his/her right ear.-Then Resident #18 separated them.-He/She hit Resident #7 once or twice.-He/She was not trying to hurt Resident #7, but Resident #7 had been trying to bully him/her,-They did fall during this altercation. Review of Resident #17's Post-incident Impact Questionnaire dated 3/20/26 showed:-He/She was a victim in the incident.-He/She said keeping aggressive peers away from him/her would allow his/her coping skills to be more effective.-He/She could not have done anything differently; he/she was trying to avoid confrontation and the peer caught up with him/her.-He/She felt the peer kept bullying him/her and would like that to stop.-He/She felt safe. During an interview on 3/20/26 at 12:52 P.M., Resident #17 said:-He/She was talking to Resident #11 and Resident #11 told him/her to go away.-Resident #12 got up and walked away from him/her and he/she gave up.-Resident #7 came toward him/her and hit him/her.-They fell to the ground, and he/she hit Resident #7 back once or twice.-Resident #18 broke the fight up.-The staff were coming then, and a Code [NAME] was called.-Resident #7 fights him/her because he/she likes him/her and had a crush on him/her.-He/She did not have a crush back and just found out about Resident #7's crush that day.-He/She was not afraid of Resident #7 and did not have an injury. During an interview on 3/20/26 at 1:55 P.M., Resident #12 said:-Resident #17 was talking to him/her and she/she told Resident #17 to leave him/her alone.-Resident #17 did not leave him/her alone, so he/she walked away.-They heard commotion and turned back and a Code [NAME] was called.-Resident #7 told Resident #17 to leave him/her alone; then they started fighting.-He/She did not get hurt and is not afraid of either of them. During an interview on 3/20/26 at 12:38 P.M., Activity Staff A said:-The altercation happened outside the hangout.-He/She saw Resident #7. -Resident #16 was leaving.-Resident #7 was irritated and jumped on Resident #16.-The two residents went to the ground.-There were some female staff present who called a Code Green. Review of Resident #18's MDS dated [DATE] showed the resident assessed as moderately cognitively impaired. Review of Resident #18's written statement dated 3/20/26 showed the residents were sitting down listening to music. A fight broke out, so he/she tried to break it up. He/She did not get hit. During an interview on 3/20/26 at 1:22 P.M., Resident #18 said:-He/she saw a couple of guys clashing but did not know their names. -All he/she did was break up the fight and separate them. -They were hitting and bumping each other.-Staff and residents were just looking at them. Review of CNA E's written statement dated 3/20/26 showed:-He/She and Resident #11 got up, walking toward the door.-As he/she turned around, he/she saw Resident #7 running.-Resident #7 ran and hit Resident #16 and they started fighting. During an interview on 3/20/26 at 2:05 P.M., CNA E said:-He/She was doing 1:1 observation with Resident #12.-Resident #17 was saying a lot of things to Resident #12 about some guy and that he/she did not want him/her to have a heartbreak.-He/She was standing next to Resident #12 and sat down next to him/her.-Resident #17 got up and sat on the other side of Resident #12.-Resident #11 told Resident #17 to leave him/her alone.-Resident #11 grabbed her things and got up to walk away and he/she followed him/her.-As they were walking, Resident #7 started following them and said he/she was going inside.-When he/she looked back, Resident #7 and Resident #17 were fighting. They had not been arguing. 7. During an interview on 3/20/26 at 1:30 P.M. the Chief Nursing Officer (continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Bridgewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11515 Troost Kansas City, MO 64131	
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F 0600 Level of Harm - Actual harm Residents Affected - Few	for Kansas and Missouri said:-Resident #16 was talking to Resident #12 and Resident #7 liked Resident #17, which Resident #17 did not reciprocate. Both residents admitted to hitting each other, but there were no major injuries.-He/She understood the facility had a lot of residents with behaviors, but thinks it isn't because the staff were not dealing with the behaviors, but because they can't always give all the res		