

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505123	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Bridgeview Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Clare Avenue Bremerton, WA 98310	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46068</p> <p>Based on interview and record review, the facility failed to recognize a clinical change of condition from the resident's baseline for 1 of 1 sampled residents (Resident 1) reviewed for quality of care. This failure placed residents at risk for unmet care needs, poor decision making and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 1 was admitted to the facility on [DATE] with diagnoses of medically complex conditions and mental health disorders.</p> <p>Resident 1's Minimum Data Set assessment, dated 01/12/2024, showed the resident was cognitively intact and had no signs of delirium (a mental disturbance characterized by new or acutely worsening confusion) present.</p> <p>Resident 1's MDS, dated [DATE], showed the resident was assessed for signs and symptoms of delirium and had no acute mental status changes and/or signs and symptoms of delirium present.</p> <p>Resident 1's provider note, dated 04/04/2024, showed Resident 1 was sent to the emergency room for a reported seizure and suspected stroke.</p> <p>Resident 1's progress note, dated 04/06/2024 at 7:18 PM, showed Resident 1 was readmitted to the facility from the hospital, was alert and confused.</p> <p>Resident 1's progress note, dated 04/07/2024 at 3:47 AM, showed Resident 1 was alert & oriented x4 [oriented to person, place and time] with slurred speech.</p> <p>Resident 1's progress note, dated 04/07/2024 at 4:15 PM, showed the resident called 911 and told the paramedics they were having a heart attack. The note showed the resident was taken to the emergency room .</p> <p>Resident 1's SBAR (Situation, Background, Assessment and Recommendation)Communication Form, dated 04/07/2024 at 4:20 PM, showed Resident 1 had decreased mobility, needed more assistance with activities of daily living and had weakness compared to their baseline. The form showed the resident had a personality change, increased confusion or disorientation, new or worsened delusion or hallucinations, and other symptoms or signs of delirium.</p> <p>(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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505123	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Bridgeview Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Clare Avenue Bremerton, WA 98310	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident 1's progress note, dated 04/08/2024 at 2:21 AM, showed the resident returned from the hospital with a report that all tests were normal. The note showed the resident was A & O X2 [alert but not fully oriented to person, place and time] and needed assistance with toileting.</p> <p>Resident 1's progress note, dated 04/08/2024 at 6:26 AM, showed the resident had called 911 six times and told them they had chest pain and there was sewage in the facility hallway. The note showed the doctor, and the Director of Nursing Services (DNS) were contacted.</p> <p>Resident 1's progress note, dated 04/08/2024 at 7:01 AM, showed the on-call doctor was called and ordered a psych consult and it was reported to the DNS and the doctor through a communication form.</p> <p>Resident 1's progress note, dated 04/08/2024 at 2:07 PM, showed a communication from the nursing department to the therapy department regarding Resident 1 having word salad (mixture of random words/phrases).</p> <p>Resident 1's progress note, dated 04/08/2024 at 5:52 PM, showed Resident 1 had mild confusion as to where they came from and wanting to go back.</p> <p>Resident 1's progress note, dated 04/09/2024 at 3:16 AM, showed Resident 1 was found in another resident's room. Resident 1 and the other resident were shouting at each other, and the other resident was attempting to push Resident 1 out of the room.</p> <p>Resident 1's progress note dated 04/09/2024, showed Resident 1 met with the Social Service Director and reported they wanted to discharge, and they wanted to leave today no matter what and their plan was to discharge to a motel in the local area and then take a bus to Oregon. The note showed the resident thought this was a safe plan. The note showed the resident was educated about discharging without a secure plan and was given printed information on PCP [primary care practitioner] and home health agencies.</p> <p>Resident 1's Transfer and Discharge Report, dated 04/09/2024, showed the resident was discharged to a motel, was A&O X 2 [alert but not fully oriented to person, place and time] and required set up for feeding.</p> <p>Resident 1's MDS, dated [DATE], showed the resident was assessed for signs and symptoms of delirium and had acute onset mental status changes with disorganized thinking and inattention behaviors continuously present.</p> <p>On 04/16/2024 at 2:55 PM, Collateral Contact 1 (CC1), Emergency Responder, said they had been called to a motel parking lot on 04/09/2024 to aid a person in a wheelchair. CC1 said when they arrived Resident 1 was outside in the parking lot with law enforcement. CC1 said the resident had been outside in the parking lot with all their belongings for hours before they were summoned. CC1 said the resident was alert but not fully oriented to person, place, and time. CC1 said they did not sense drugs and/or alcohol were involved but the resident was continually repeating themselves and covering their ears when CC 1 was speaking with them. CC1 said the resident was unable to navigate the wheelchair independently and unable to stand on their own.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505123	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Bridgeview Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Clare Avenue Bremerton, WA 98310	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/07/2024 at 12:30 PM, Staff G, Social Service Director said Resident 1 was demanding to leave the facility on 04/09/2024 and go to a motel. Staff G said the DNS and the Administrator (ADM) had tried to talk with the resident about leaving and the risk of discharging to a motel. Staff G said the resident was alert to self, place, and time but not the total situation. Staff G said the resident just wanted out and was not understanding what they were getting into. Staff G said the resident seemed aware and fluctuated between being clear why they were leaving and then when the resident made demands had trouble finding their words. Staff G said when they provided the resident with the discharge paperwork to sign, the resident seemed over-stimulated and shut down. Staff G said they did not think the resident could navigate the motel and/or understand what that entailed. Staff G said they did not think it was a safe discharge, so they put in a report to the State Agency.</p> <p>At 2:38 PM, Staff B, DNS, said Resident 1 wanted to leave the facility on 04/09/2024. Staff B said they assessed Resident 1 and the resident knew their name, where they were, the date, town and situation. Staff B said they discussed with the resident their plan and went over the risks. Staff B said the resident had an answer for any scenario they gave them. Staff B said the resident was within their rights to leave. When asked if they considered summoning medical assistance to assess the resident due to the documentation in the medical record of the resident's fluctuating mental and physical status over the past 48-72 hours, Staff B said they had not had a chance to read the progress notes prior to Resident 1 leaving the facility. Staff B said even if they had read the notes, it probably would not have changed their assessment of the situation; and they spoke to the doctor and they said it was okay.</p> <p>At 2:55 PM, Staff A, ADM, said the facility paid for a cab to take Resident 1 to a motel. Staff A said the resident had sufficient cash with them to pay for the motel and the facility issued the resident a check from the resident's account. Staff A said Resident 1 indicated they would cash the check the following day and board a bus to Oregon. Staff A said they asked staff if the resident was able to take themselves to the restroom and the staff reported the resident was able to do that. Staff A said the resident was having trouble finding their words, but Staff A believed the resident knew what they wanted to say. Staff A said they had Staff B, DNS, assess the resident and they determined the resident had the right to leave. When asked if they were aware of the documentation in Resident 1's medical record of Resident 1's fluctuating mental status, Staff A said they were not aware of it but if they had known they would have summoned emergency responders to have the Resident taken to the hospital and/or assessed.</p> <p>Reference WAC 388-97-1060(1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505123	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Bridgeview Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Clare Avenue Bremerton, WA 98310	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46068</p> <p>Based on the observation, interview and record review, the staff failed to perform hand hygiene and change gloves when providing pressure ulcer (injury to skin and underlying tissue resulting from prolonged pressure) care for 3 of 3 sampled residents (Resident 2, 3 and 4) reviewed for pressure ulcers. This failure placed residents at risk of infection and medical complications.</p> <p>Findings included .</p> <p>Review of the Centers for Disease Control and Prevention's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, dated 11/29/2022, showed staff should wear gloves when they come in contact with non-intact (open) skin and perform hand hygiene immediately after glove removal and before moving from work on a soiled body site to a clean body site on the same patient.</p> <p><RESIDENT 2></p> <p>Resident 2 was admitted to the facility on [DATE]. The Minimum Data Set (MDS)assessment, dated 03/10/2024, showed Resident 2 was cognitively intact and had a stage 4 pressure ulcer (pressure ulcer that extends to muscle, tendon, or bone).</p> <p>Resident 2's medical provider notes, dated 04/15/2024, showed the resident had been admitted to the hospital in January of 2024 for an infection of their right heel pressure wound.</p> <p>Resident 2's physician order, dated 03/22/2024, showed orders for staff to cleanse the right heel and apply a dressing every day.</p> <p>On 04/17/2024 at 12:00 PM, Resident 2 said the staff needed to do their heel dressing change right. I don't want it to get infected again.</p> <p>On 04/17/2024 at 2:47 PM, Staff C, Licensed Practical Nurse (LPN), was observed providing wound care to Resident 2's right heel pressure ulcer. Staff C donned gloves and removed the soiled dressing from the resident's heel. Staff C proceeded, without performing hand hygiene and/or changing gloves, to take a picture of the wound with Resident 2's cell phone, handed the phone back to the resident and placed a new dressing on the resident's heel.</p> <p><RESIDENT 3></p> <p>Resident 3 was admitted to the facility on [DATE] with medically complex conditions.</p> <p>Resident 3's physician order, dated 04/19/2024, showed orders for staff to cleanse the right heel wound with soap and water and apply a dressing every day.</p> <p>Resident 3's Wound Specialist note, dated 04/22/2024, showed Resident 3 had a stage 3 pressure injury (pressure ulcer with full thickness loss of skin exposing subcutaneous tissue) to their right heel.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505123	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Bridgeview Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Clare Avenue Bremerton, WA 98310	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/07/2024 at 1:38 PM, Staff D, LPN, was observed providing wound care to Resident 3's heel pressure ulcer. Staff D donned gloves and removed the soiled dressing from the resident's heel. Staff D proceeded, without performing hand hygiene and/or changing gloves, to wash the wound and apply a clean dressing to the heel.</p> <p><RESIDENT 4></p> <p>Resident 4 was admitted to the facility on [DATE] with diagnoses including debility (weak) and heart disease.</p> <p>Review of Resident 4's wound care progress report, dated 05/06/2024, showed Resident 4 with a stage 2 (pressure ulcer with partial-thickness skin loss) pressure ulcer on the resident's buttocks.</p> <p>Review of Resident 4's physician order, dated 05/07/2024, showed orders for staff to clean the pressure ulcer daily and apply a new dressing.</p> <p>On 05/07/2024 at 2:05 PM, Staff F, LPN was observed providing wound care to Resident 4's buttock pressure ulcer. Staff F donned gloves and removed the soiled dressing from the ulcer. Staff F proceeded, without performing hand hygiene and/or changing gloves, to wash the wound and apply a clean dressing.</p> <p>On 05/07/2024 at 2:39 PM, Staff B, Director of Nursing Services, said after removing soiled dressings on wounds they expected licensed nurses to remove their gloves and perform hand hygiene and don new gloves prior to applying a clean dressing.</p> <p>Reference WAC 388-97-1060 (3)(b)</p>		