

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 07/17/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46068</p> <p>Based on observation and interview, the facility failed to ensure resident rooms were clean and maintained for 5 of 5 sampled rooms (room [ROOM NUMBER], 13, 64, 16, and 21) reviewed for environment. This failure placed residents at risk for unsanitary living conditions, compromised dignity, and dissatisfaction with their living environment.</p> <p>Findings included .</p> <p>On 07/11/2024 at 2:45 PM, a Collateral Contact (CC 1) said when they arrived at the facility for a visit with their family member who had been recently admitted to room [ROOM NUMBER], they found the room unsanitary. CC 1 said a red liquid was splattered on the walls, the fan blowing on the resident was filled with dust, the baseboard heater appeared to have never been cleaned, the guest chair was horrifically stained and there was dirt and grime in the corners of the room. CC 1 said they ended up cleaning the room and the fan themselves.</p> <p><room [ROOM NUMBER]></p> <p>An observation of room [ROOM NUMBER], on 07/17/2024 at 10:55 AM, showed the room door with a large chip in the wood, paint scraped off the wall behind the bed, brackets with no pictures hanging on them and holes in the wall. The baseboard heater had a layer of dust accumulated along the top of it. The vinyl baseboards were covered with dust and where they met at the corner, there was a buildup of dirt and dust. The wall under the window had dark brown liquid splatters on it. The wood was splintered in the door frame of the bathroom, and the paint was chipped off. The bathroom had an odor of urine, clothes and a sheet were lying on the floor and a soiled incontinent brief was observed in the garbage can. The light bulb was out in the bathroom light fixture, the bathroom handrails had torn garbage bags tied on them. There was no toilet paper fixture, and the toilet paper rolls were balanced on the handrails.</p> <p>At 2:31 PM, the soiled brief was observed in the garbage can.</p> <p><room [ROOM NUMBER]></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
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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>An observation of room [ROOM NUMBER], on 07/17/2024 at 11:10 AM, showed the vinyl baseboard pulled away from the chipped wall, dust under the dresser and heater, and where the baseboards met in the corner, there was a buildup of dirt and dust. The bathroom had an odor of urine, there was a soiled brief in the garbage can, the floor had a brown substance on it and the door frames were missing paint and the wood was chipped. The caulking behind the sink was eroded from the wall and the toilet paper holder attached to the wall was broken with only one side remaining extended from the wall.</p> <p>At 2:40 PM, the soiled brief was observed in the garbage can.</p> <p><room [ROOM NUMBER]></p> <p>An observation of room [ROOM NUMBER] on 07/17/2024 at 12:11 PM, showed dirt on the walls, cracked vinyl baseboards pulled away from the wall, rust on the floor, the Formica on the front of the sink was broken off, the door frames were missing paint, and the nightstand and bedside table legs had dirt and liquid spilled on them. The drawer on the nightstand was cracked with the wood peeled off.</p> <p><room [ROOM NUMBER]></p> <p>On 07/17/2024 at 1:01 PM, Staff B, Housekeeper, said room [ROOM NUMBER] was cleaned and ready for a new resident.</p> <p>At 1:04 PM an observation of room [ROOM NUMBER], showed a wall fan with dust in the spokes, the vinyl baseboard peeled away from the wall, and the baseboard heater had a layer of dust accumulated along the top of it. The wall had brown, splatter on it and the wood on the door was chipped. The flooring under the bed had a hole in it and the telephone jack was lying on the floor.</p> <p><room [ROOM NUMBER]></p> <p>An observation of room [ROOM NUMBER] on 07/17/2024 at 1:08 PM, showed the dresser with paint peeled from half of the drawer, the paint scraped off the door frame and the wall behind the bed. The baseboard heater had a layer of dust accumulated along the top of it and was coming apart. The wall fan had dust accumulated on it.</p> <p>On 07/17/2024 at 2:51 PM, Staff A, Administrator Designee, observed the rooms. Staff A said the condition of the rooms did not meet their standard and were not acceptable. Staff A said they had a plan going forward to ensure the rooms were maintained.</p> <p>Reference WAC 388-97-0880</p>		