

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  09/06/2024
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>46068</p> <p>Based on interview and record review, the facility failed to consistently assess, monitor, provide timely wound care, and notify the provider of change in wound condition for 1 of 3 residents (Resident 1) reviewed for wound care. This failure resulted in physical harm for resident 1, who was severely cognitively impaired, when they had itching, stinging, and the physical appearance of pain and distress when they experienced a maggot (fly larvae) infestation and worsening of their scalp wound. This failed practice residents at risk for infection, psychological harm and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Wound Prevention and Treatment, revised 02/03/2023, showed that skin conditions would be monitored weekly and documentation of size, color, odor, healing progression, notifications, and other pertinent information related to the skin conditions would be documented in the electronic medical record (EMR) and physician notification and resident/resident representative notification would be completed as needed.</p> <p>Review of the Journal of the American College of Clinical Wound Specialists, dated 2016, showed that female flies may visit wounds to feed or to lay eggs. They generally lay 50-300 eggs at a time that hatch and emerge as larvae (maggot).</p> <p>Resident 1 was admitted to the facility 07/10/2021 with medically complex conditions and dementia. The Minimum Data Set (MDS), an assessment tool, dated 07/19/2024, showed Resident 1 was dependent on staff for transfers and was severely cognitively impaired.</p> <p>Resident 1's skin care plan, dated 02/13/2024, showed the resident had a skin concern related to hyperkeratosis (a skin condition that causes thick, rough patches of skin) scab to her head. Care plan interventions showed facility staff were to assess/record/monitor wound healing weekly, as needed and measure length, width and depth where possible, assess and document status of wound perimeter, wound bed, healing progress and report improvement and declines to the MD.</p> <p>Resident 1's risk of infection care plan, dated 03/13/2024, showed the resident was at risk of infection related to a skin picking disorder. The care plan showed that scabbed areas would remain free of infection and staff were to monitor, document and report to the MD any signs and symptoms of infection; increased drainage, foul odor, redness, swelling, excessive pain and fever.</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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Resident 1's physician orders, dated 12/28/2023, showed an order for antibiotic ointment to be applied to the resident's scalp two times per day and an order, dated 02/07/2024, for ammonium lactate solution (a solution to treat the hyperkeratosis) to be applied two times a day to the scab on the scalp and monitor the scab on the scalp every shift for s/s [signs and symptoms] of infection/bleeding and notify the PCP [primary care provider].</p> <p>Resident 1's Medication Administration Record, dated September 2024, showed Resident 1's antibiotic ointment for the scalp was scheduled for 8:00 AM and 8:00 PM every day and the ammonium lactate solution was to be applied at 8:00 AM and 7:00 PM every day.</p> <p>Resident 1's wound specialist's progress note, dated 07/30/2024, showed the resident had a cyst on their scalp measuring 5.0 centimeters (cm) x 5.3 cm x 0.8 cm. The wound specialist recommended shaving around the site to better visualize and treat the site.</p> <p>Review of the EMR showed no further documentation of the scalp wound from the wound specialist after 07/30/2024.</p> <p>Resident 1's Total Body Skin Evaluation Weekly, dated 08/03/2024, showed no assessment and/or documentation of the scalp wound. The evaluation showed see wound care notes for details. Staff were to monitor the wound/scab on every shift for s/s infection/bleeding, and staff were to assess/document wound progress weekly and notify the provider of changes.</p> <p>Resident 1's Total Body Skin Evaluation Weekly, dated 08/14/2024, showed no assessment and/or documentation of the scalp wound. The evaluation showed head wounds, and to see wound specialist notes.</p> <p>Resident 1's Total Body Skin Evaluation Weekly, dated 08/22/2024, showed no assessment and/or documentation of the scalp wound. The evaluation showed head wounds, and to see the wound specialist notes.</p> <p>Resident 1's Total Body Skin Evaluation Weekly, dated 08/29/2024, showed no assessment and/or documentation of the scalp wound. The evaluation showed, top of head, and to see the wound specialist notes.</p> <p>On 09/03/2024 at 3:18 PM, Collateral Contact 1 (CC1), said they usually visited Resident 1 every day and brought them their favorite snack. CC1 said on 09/01/2024 they visited Resident 1 between 3:00 PM and 4:00 PM. CC1 said there was drainage from the resident's head wound running down their face and drainage on the pillowcase. CC1 said that was not unusual and the resident had a horrible habit of picking their wounds. CC1 said they could not visualize the wound because of the resident's wet, matted hair covering the wound. CC1 said around 5:00 AM on 09/02/2024 they were notified Resident 1 was sent to the hospital and when they arrived at the hospital, they were informed that Resident 1 had a maggot infestation in their scalp wound.</p> <p>On 09/04/2024 at 1:45 PM, CC2, hospital staff member, said they were the first person to assess Resident 1's scalp wound at the hospital emergency room . CC2 said there were live maggots coming out of the wound on the scalp and there were bulges in the wound and when you pressed on them more maggots came out. CC2 said there was no evidence of a scab and/or crust on the wound. CC2 said it was an extensive open wound with maggots covering the wound. CC2 said it took two emergency room technicians 30 minutes to remove the maggots with tweezers and a suction machine.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>At 2:44 PM, CC3, emergency responder, said they arrived at the facility and saw Resident 1 lying in bed. CC3 said the resident's eyes had wet and dry pus surrounding their eyelids. CC3 said the resident was picking at an open sore on their scalp, complaining of itching and stinging and appeared to be in physical and psychological distress. CC3 said the scalp wound was full of maggots, and they were crawling out of the wound. CC3 said the maggots were approximately 6 millimeters long.</p> <p>Resident 1's emergency services patient record, dated 09/02/2024, showed emergency services arrived on scene at the facility on 09/02/2024 at 4:27 AM, to find a three-inch, circular flesh wound on the top of the resident's head covered with maggots. The record showed that facility staff stated they were unaware how the wound got to the point of having maggots or when the last wound care was done</p> <p>Resident 1's hospital record, dated 09/02/2024, showed a large open wound ulceration in the scalp region with maggots in the wound. The record had a picture of the wound with the maggots present throughout the wound.</p> <p>On 09/03/2024 at 2:20 PM, Staff G, Housekeeper, said they had cleaned Resident 1's room on 08/31/2024 and 09/01/2024. Staff G said they smelled something like rotting flesh in the room but did not see anything when they were cleaning. Staff G said they notified the nurse on duty.</p> <p>At 2:56 PM, Staff H, Infection Preventionist, said they had seen flies in the resident care areas due to the windows being open and the facility did not have screens on all windows. Staff H said there should be screens on all windows to keep flies out of the resident areas. Staff H said they were not certain when Resident 1's scalp wound had opened but the resident did have drainage from the wound prior to the discovery of the maggots in the wound. Staff H said to prevent flies from getting into the wound there had to be a barrier on the wound.</p> <p>On 09/05/2024 at 10:19 AM, Staff B, Registered Nurse (RN), said they had cared for Resident 1 on 08/31/2024 and previous shifts. Staff B said the ointment was applied to the wound to prevent infection because the scab on the wound would slough off at times after applying the ointment and/or a shower and there would be open areas on the wound. Staff B said on 08/31/2024 the top layer of the scalp wound was scabbed and it had a foul smell. Staff B said the wound was not open that day, but they saw some drainage on the pillowcase. Staff B said there were times the wound leaked brown drainage.</p> <p>At 10:38 AM, Staff C, Certified Nursing Assistant (CNA), said they were assigned to Resident 1 on 09/01/2024. Staff C said the odor in the resident's room was so bad that day they gave the resident a bed bath. They said the wound was dark brown, bumpy and had a scab on it. Staff C did not see any drainage, but they had given the resident a shower on 8/27/2024 and had seen a stain on the pillow from drainage that day.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>At 4:47 PM, Staff A, Licensed Practical Nurse, said they were assigned to Resident 1 on the night of 09/01/2024 from 6:30 PM to 6:30 AM on 09/02/2024. Staff A said at approximately 4:00 AM on 9/2/2024, a nursing assistant requested for them to check Resident 1's scalp wound. Staff A said when they arrived in the resident's room there was a lot of drainage coming from the scalp wound and the wound was full of maggots. Staff A said the resident appeared to be in pain and they called the medical provider and emergency services. When asked if they had provided any wound care prior to the discovery of the maggots in the wound, Staff A said they had administered oral medications earlier in the shift to the resident and it smelled like a wound in the room but had not provided any other care. Staff A said they could not recall seeing the wound prior to the discovery of the maggots, to be honest those units are so busy you hit the floor and start pumping out meds, I do not remember doing any wound care before seeing the maggots.</p> <p>On 09/06/2024 at 1:11 PM, Staff E, Resident Care Manager, said they had been overseeing Resident 1's care for approximately the last three months. Staff E said the staff had not reported the odor of the resident's scalp wound or the drainage. Staff E said they had thought the wound was a dry scab that was not open. Staff E said there was no physician order for a bandage on the wound and they had not attempted to place a bandage on the scalp wound. Staff E said the wound specialists had stopped assessing and monitoring the scalp wound after 07/30/2024 and the licensed nurses should have been documenting their assessment of the wound when completing the weekly skin evaluations. Staff E said if a wound had an odor and/or drainage it could be a sign of an infection and the licensed nurses should have reported it to the medical provider. Staff E said there was no assessment of the scalp wound documented since 07/30/2024. Staff E said the licensed nurses had not followed the expectations for wound care and assessments.</p> <p>At 2:31 PM, Staff F, Director of Clinical Operations, said the licensed nurses are expected to monitor wounds weekly and follow the wound care policy. Staff F said they expected the licensed nurses to notify the medical provider if a wound had an odor and/or drainage. Staff F said the wound care had not met their expectations and the licensed nurses had not followed their clinical system for wound care.</p> <p>Refer to F925 Pest Control Program</p> <p>Reference WAC 388-97-1060 (1)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46068</b></p> <p>Based on observation, interview and record review, the facility failed to ensure an effective pest control program was maintained to keep the facility free of flies on 4 of 4 resident care units (Cove, Bayshore, Mt. View and Olympic) and prevent flies from laying eggs on 1 of 3 residents (Resident 1) reviewed for pest control. This failure placed the residents at risk of infection, maggot infestation, distress and decreased quality of life.</p> <p>Findings included .</p> <p>Review of the facility's undated policy titled, Insects/Pests: Resident Safety, showed that the center strives to protect the residents from insects and other pests and it is the responsibility of all staff members to detect and report immediately the presence of pests to the Executive Director and Director of Nursing and in the event that insects and/or pests are noted in a resident room immediate steps will be taken to prevent or decrease the risk for actual or potential harm.</p> <p>Review of the Journal of the American College of Clinical Wound Specialists, dated 2016, showed that female flies may visit wounds to feed or to lay eggs. They generally lay 50-300 eggs at a time that hatch and emerge as larvae (maggot).</p> <p>&lt;RESIDENT&gt;</p> <p>Resident 1 was admitted to the facility 07/10/2021 with medically complex conditions and dementia and resided on the Bayshore unit. The Minimum Data Set (MDS), an assessment tool, dated 07/19/2024, showed Resident 1 was dependent on staff for transfers and was severely cognitively impaired.</p> <p>Resident 1's emergency services patient record, dated 09/02/2024, showed emergency services arrived on scene at the facility on 09/02/2024 at 4:27 AM, to find a three-inch, circular flesh wound on the top of the resident's head covered with maggots. The record showed facility staff stated they were unaware how the wound got to the point of having maggots or when the last wound care was done.</p> <p>&lt;OBSERVATIONS&gt;</p> <p>Observations on 09/03/2024 at the following times showed flies in resident care units:</p> <p>2:07 PM, fly observed in hallway by Cove nursing station</p> <p>2:20 PM, and 2:37 PM flies observed in doorway of Resident 1's room</p> <p>2:35 PM, fly observed by the shower on the Olympic Unit</p> <p>2:53 PM, fly observed by Bayshore nursing station</p> <p>Observations on 09/03/2024 at 4:10 PM showed flies in the light fixtures in the following areas:</p> <p>(continued on next page)</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Cove Unit: hallway outside of room [ROOM NUMBER] and 15 and fixture in hallway across from nursing station</p> <p>Bayshore Unit: Bayshore Dining Room</p> <p>Mt View Unit: hallway outside of rooms 65, 66, 71, 76</p> <p>Olympic Unit: hallway outside of rooms 31, 32, 39, 41, 49, 50, 51</p> <p>Observations on 09/03/2024 showed windows and doors open without screens:</p> <p>2:15 PM, 2:42 PM, 3:32 PM and 4:18 PM, window next to Bayshore nursing station open without screen</p> <p>2:15 PM, 2:42 PM and 3:32 PM, door propped open to Bayshore Courtyard without a screen</p> <p>2:40 PM, Cove Unit dining room window open without screen</p> <p>&lt;INTERVIEWS&gt;</p> <p>On 09/03/2024 at 2:56 PM, Staff H, Infection Preventionist, said they had learned about Resident 1's wound being infested with maggots that morning. Staff H said they thought it occurred due to the hot weather and windows being open without screens, allowing flies into the facility. Staff H said they had seen flies in the resident care areas. Staff H said there should be screens on all windows to keep flies out of resident areas. Staff H said they were not certain when Resident 1's scalp wound had opened but the resident did have drainage from the wound prior to the discovery of the maggots in the wound. Staff H said to prevent flies from getting into wounds there had to be a barrier on the wound and Resident 1 did not have a barrier on the wound prior to the discovery of the maggots.</p> <p>At 3:18 PM, Collateral Contact 1 (CC1), said they usually visited Resident 1 daily and there was not a screen on Resident 1's window prior to the scalp wound being infested with maggots. CC1 said they told the facility to put a screen on the window when the resident returned from the hospital.</p> <p>At 4:20 PM, Staff I, Maintenance Director, said they were aware there were flies in the facility. Staff I said flies came into the facility through doors and windows and you could not stop them. Staff I said the facility was talking about making screens for all the windows but had not started the process yet. Staff I said they were not responsible for ensuring the doors were not propped open.</p> <p>At 4:48 PM, Staff F, Director of Clinical Operations, said to prevent flies from laying eggs in resident's wounds the staff should provide wound care, all windows in the facility should have screens and doors should not be propped open. Staff F said the facility should put in place preventative measures to eliminate and/or reduce flies in the facility.</p> <p>Reference WAC 388-97-3360 (1)(2)</p>		