

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  10/01/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50488</p> <p>Based on observation, interview and record review, the facility failed to ensure 3 of 6 staff members (Staff A, B, and C) used personal protective equipment in accordance with the Centers for Disease Control (CDC) guidelines when caring for residents with known COVID 19 (an infectious virus causing respiratory illness that may cause difficulty breathing and could lead to severe impairment or death) infections. This failure placed residents and staff at risk for contracting and spreading the illness.</p> <p>Findings included .</p> <p>A 03/18/2024 CDC update titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 Pandemic, showed when health care personnel enter the room of a patient with suspected or confirmed COVID 19, they should use a N95 respirator (a mask that filters 95% of airborne particles), gown, gloves, and eye protection. When leaving the room, all Personal Protective Equipment (PPE) including the N95 respirator should be removed.</p> <p>Review of Resident 1's progress note, dated 09/25/2024, showed Resident 1 tested positive for COVID 19.</p> <p>On 10/01/2024 at 11:51 AM, Staff A, Certified Nursing Assistant (CNA) entered Resident 1's room wearing a N95 respirator, gown, gloves, and a face shield. Staff A exited the room after disposing of the gown and gloves in the room. Staff A proceeded down the hall to the nurse's station where the face shield was removed and set on the counter. Staff A performed hand hygiene and wiped the shield with disinfectant. The counter was not cleaned nor was hand hygiene performed again. Staff A did not remove the N95 respirator and replace it with a new one before passing trays to other residents on the unit.</p> <p>Review of Resident 2's progress note, dated 09/26/2024, showed Resident 2 tested positive for COVID 19.</p> <p>On 10/01/2024 at 12:20 PM, Staff C, CNA, walked out of Resident 2's room with a face shield, an N95 respirator, and gloves. Another staff member across the hall asked if there were any face shields in the isolation cart next to Staff C. Staff C opened the drawers of the isolation cart and searched with the gloves worn in Resident 2's room. Staff C then removed the gloves and the face shield and performed hand hygiene. The N95 respirator was not removed and replaced with a new one before Staff C went into Resident 4's room who had not tested positive for COVID 19.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 3's progress note, dated 09/30/2924, showed Resident 3 tested positive for COVID 19.</p> <p>On 10/01/2024 at 1:35 PM, Staff D, Agency Licensed Nurse, walked out of Resident 3's room with a N95 respirator in place. Staff D did not remove and replace the N95 respirator before proceeding down the hall. One resident and several staff members were also on the hall.</p> <p>At 2:07 PM, Staff C, Float Infection Control Licensed Nurse, said the expectation was that all staff members wore an N95 in the facility when there was an outbreak of COVID 19. Staff C said staff should remove all PPE before leaving a COVID 19 positive room and then put on a new N95 respirator.</p> <p>At 3:00 PM, Staff B, Director of Nursing, said all rooms with positive COVID 19 residents should have garbage cans placed outside of their door. Staff B said gloves and gowns should be removed in the room and hand hygiene performed. After exiting the room, staff should remove eye protection and perform hand hygiene. Staff B said the N95 respirator should be removed, hand hygiene performed, and a new N95 respirator put on. Staff B said all staff had been trained on correct usage of PPE.</p> <p>Reference WAC 388-97-1320 (1)(a)(2)(a)</p>		