

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 03/07/2025
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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50488</p> <p>Based on interview and record review, the facility failed to ensure discharge planning included notification of necessary outside services for 1 of 3 sampled residents (Resident 8) reviewed for discharge planning. This failure placed residents at risk for unmet care needs, re-hospitalization , and a decreased quality of life.</p> <p>Findings included .</p> <p>Resident 8 was admitted to the facility on [DATE] with diagnoses to include dementia, diabetes, and end stage kidney failure requiring dialysis (treatment that filters excess fluids and toxins from the blood). The admission Minimum Data Set, an assessment tool, dated 02/03/2025, showed Resident 8 was moderately cognitively impaired and needed one person assistance with most activities of daily living.</p> <p>Review of the Notice of Medicare Non-Coverage, dated 02/13/2025 and a progress note, dated 02/17/2025, showed Resident 8 was discharged from the facility to home on 02/18/2025. The progress note said several attempts were made to contact the son, whom Resident 8 lived with, but there was no answer, and the message box was full.</p> <p>A review of the care plan, dated 02/03/2025, said discharge goals were to be discussed with the resident and family. It stated, Family will be able to verbalize/communicate required assistance post discharge and the services required for the resident prior to discharge.</p> <p>On 03/05/2025 at 1:50 PM, Collateral Contact 2 (CC2), an outside service provider, said they went to the facility to visit with Resident 8 on 02/20/2025 only to find out Resident 8 had been discharged to home. CC2 said they had not been notified of the pending discharge date . Therefore, a required assessment had not been completed to resume care services in the home prior to discharge.</p> <p>On 03/05/2025 at 2:03 PM, Staff C, Social Services Assistant, said the department had a weekly meeting with outside services to discuss potential discharges. When asked if there was documentation of the notification of discharge for Resident 8, they said it was probably verbal only. Staff C said there should have been documentation completed.</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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/06/2025 at 11:28 AM, Collateral Contact 1 (CC1) said there were no care conferences or discussions with the facility about discharge. CC1 said prior to Resident 8's hospitalization and subsequent stay at the facility, they had caregivers and nurses who came into the home to provide assistance and care. CC1 said a caregiver was currently coming into the home, but that the person was not getting paid as the paperwork had not gone through yet.</p> <p>On 03/07/2025 at 2:30 PM, Staff A, Administrator, said there was a form that should have been used to notify outside services of pending discharge. They said the form had not been used for Resident 8.</p> <p>Reference WAC 388-97-0080</p>		