

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515141	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Bridgeport Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 41 Crestview Terrace Bridgeport, WV 26330	
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)		
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45173</p> <p>Based on observation, record review and staff interview, the facility failed to ensure the resident environment, over which it had control, was as free of accident hazards as possible, by having a dysfunctional magnetic lock on the French doors to the outside of the facility through the activities office, exposing residents to hazards that could potentially cause serious injury or death. Resident Identifier: #58. Facility Census: 57.</p> <p>The State agency determined this failure placed the residents in an immediate jeopardy (IJ) situation due to the potential of serious injury and/or death as a result of a documented elopement. The State agency notified the Nursing Home Administrator of the immediate jeopardy at 12:50 PM on 07/02/24. The facility submitted a plan of correction (POC) at 2:42 PM. At 3:42 PM on 07/02/24, the POC was accepted by the State agency. The State agency verified the POC was implemented by conducting staff interviews and the immediate jeopardy was abated at 10:35 AM on 07/03/24.</p> <p>Findings Include:</p> <p>On 07/01/24 at approximately 1:00 PM, a record review was completed for Resident #58. The review found the resident had eloped on 03/29/24 at 11:50 AM. At this time, Emergency Medical Service (EMS) #93 was picking up another resident for transport. EMS #93 noticed Resident #58 and redirected her into the facility and took her to the Director of Nursing (DON). The resident was unable to explain how she got out of the facility.</p> <p>The resident was admitted to the facility on [DATE] for long-term care due to the family being unable to provide care due to the dementia diagnosis. The resident was administered a Brief Interview for Mental Status (BIMS) on 03/21/24. The score of the BIMS was found to be 03 (three) which indicates severe cognition deficits.</p> <p>On 07/01/24 at approximately 1:15 PM, an interview was held with the Administrator regarding Resident 58's elopement on 03/29/24. The Administrator stated, it was a system failure with the door .we have placed signs .we have a bid on a new door system and possibly putting a fence around the gazebo area. The Administrator also stated, the door is going through the activities office leading to the gazebo outside. The Administrator stated, access was only obtained with a key card and only certain staff obtained the key card. The door leading into the activities office from the residents' hallway has a keypad. However, the door was left open the date the resident eloped. This gave the resident access to the French doors which were not locked; and, did not have a wander guard alarm.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 515141	Facility ID: 515141 If continuation sheet Page 1 of 3

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	<p>On 07/01/24 at 2:15 PM, the facility provided a list of seven (7) residents who currently are wearing a wander guard bracelet and are considered to be wanderers. The following residents were listed:</p> <p>--Resident #10</p> <p>--Resident #16</p> <p>--Resident #29</p> <p>--Resident #31</p> <p>--Resident #34</p> <p>--Resident #37</p> <p>--Resident #45</p> <p>On 07/01/24 at approximately 2:30 PM, an interview was held with the Maintenance Director (MD) #4. The MD #4 acknowledged there was a system failure with the magnetic lock on the French doors leading outside to the gazebo from the activities office. The MD #4, also, stated, if the door is not completely closed and the magnets touching, the system will consider the doors locked when they are not locked and the alarm will not sound .if the magnets are 1/8 of an inch apart, the system thinks the doors are locked but they are not. At this time, the MD #4 showed this surveyor what the magnetic lock looks like when touching and when the magnetic lock is 1/8 inch apart. The French door could be opened, and the door alarm will not sound. When the magnetic lock functioned properly, the alarm would alert staff to someone exiting the facility. The alarm sound is noted to be extremely loud and sounds like a fire alarm when it is activated. The MD #4, also, stated, there is no wander guard lock at this door.</p> <p>On 07/01/24 at 3:10 PM, after Surveyor intervention, the MD #4 stated, I will use the dead bolt to keep the doors locked .it will only be accessed with a key.</p> <p>The plan of correction included:</p> <p>Resident #58, who eloped out of the French doors located in the activities ' office on March 29, 2024, was returned to the center without incident and was re-assessed by the licensed nurse with no injuries identified immediately upon discovery. An updated wandering observation tool, pain observation tool and fall risk observation tool were completed by the licensed nurse. Family was notified. Provider was notified. A full-scale elopement drill was completed with headcount with no additional concerns identified. The event was reported to OHFLAC. Signage was placed on the doors to ensure the staff made sure door was fully secure. Three additional elopement drills were completed with staff education (one per shift) to validate staff response.</p> <p>(continued on next page)</p>		

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	<p>Immediately upon discovery of the magnetic lock not functioning properly on the French doors located in the activities ' office, the Director of Maintenance/designee started all-staff education to include: Door is to be closed all the way so magnetic lock engaged. The door dead bolt is to be locked when no one is present in activities. Door is not to be used as an exit/egress by staff. Activities office door is to remain closed at all times unless there is a staff member in the activities room. A deadbolt lock was installed on the door 7-1-24.</p> <p>At 12:00 p.m. on 7-2-24 an activities aide/designated staff member was placed at the French doors in the activities room to monitor the doors with instruction that no one was to use the courtyard door to enter or exit the building as un-intended egress. At 12:30p on 7-2-24 a keyed deadbolt was added to the Activities ' French doors by the center maintenance director, verified by the Mobile ED to be securely closed to prevent residents from exiting the facility without supervision.</p> <p>At 1:00 p.m. a supplemental door open (a.k.a. Screamer) alarm was placed on the French doors, and verified to be functioning correctly by the center maintenance director. The activities aide/designated staff member is assigned to monitor the activities French doors until a self-closure device is installed on the door and to ensure the door appropriately closes and the maglock engages, with verification to be working appropriately by maintenance director.</p> <p>The supplemental door open alarm (a.k.a. screamer) will remain in place until it is established that the magnetic lock on the French doors is correctly functioning with a self-closure device by the center maintenance director. If the magnetic lock cannot be repaired to manufacturer specifications it will be replaced and the supplemental door open alarm will remain in place until that time.</p> <p>An audit of all facility exiting doors was conducted at 1:30 by the center maintenance director to ensure all doors were securely latched, opening alarms were functioning properly and that self-closure devices are properly functioning with no additional findings of concern.</p> <p>An elopement drill was conducted at 1:40p on 7/2/24 by the center maintenance director and no additional concerns were noted.</p> <p>All staff present in the building are immediately being re-educated to not use the activities French doors to enter and exit the building and that the door will only be used for center specific activities when activities/designated staff are present for the duration of the activity with a door monitor assigned. All-staff not present will be educated upon return to work.</p> <p>Daily for 3 weeks, then 3 times a week for 2 weeks, maintenance will perform an audit to ensure all exit door self-closers and their magnetic locking components are working correctly and that the door is secured. The center maintenance director will immediately report findings of concern to the center administrator.</p> <p>Results of audits will be reported in the monthly Quality Assurance and Process Improvement meeting by the Center Maintenance Director for follow-up and in servicing needs to ensure compliance.</p>		