

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 05/14/2025
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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on record review and staff interview, the facility failed to submit a Five-Day Follow-Up Investigation report to the required agencies following an Initial Reporting of Allegations. This failed practice had the potential to affect a limited number of residents. Facility census: 54.</p> <p>Findings included:</p> <p>a) On 05/13/25, a Facility Reported Incident (FRI) dated 09/24/24 was reviewed. Fax confirmation sheets were not found for the Five-Day Follow-Up Investigation.</p> <p>On 05/13/25 at 12:24 PM, the Administrator confirmed they did not have the fax confirmation sheets.</p> <p>The Administrator asked the state surveyor to contact the Office of Health Facility Licensure and Certification (OHFLAC) to obtain the Five-Day Follow-Up. The state surveyor replied OHFLAC did not have the follow-up investigation on file.</p> <p>The Administrator stated, I'll go look for it. The Administrator stated she was going to contact the fax company to see if they can trace the job number. No additional information was provided.</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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