STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515141	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bridgeport Healthcare Center	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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based upon observation and interview, the facility failed to maintain a safe, clean homelike environment for residents. This was found to be true in three (3) rooms of eight (8) observed. Room identifiers: #202, #204, #206. Facility census: 59. Findings included: During the initial walk through of the resident rooms on 04/06/26 at 1:00 PM, the surveyor observed air conditioner/heater filters were dirty with a one-quarter inch dust on them in room [ROOM NUMBER], #204, and #206. The surveyor went to the nursing station closest to the resident rooms and asked Licensed Practical Nurse (LPN) #36 to accompany her to the resident rooms for observation of air filters. LPN #36 verified the filters were covered with a dust layer at 1:30 PM on 04/06/26.

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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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based upon record review and staff interview, the facility failed to coordinate the diagnoses on the Minimum Data Set (MDS) and the Pre-admission Screening and Record Review (PASARR). This was found to be true for two (2) of four (4) residents reviewed during the long term care survey process. Resident identifiers: #7, and #19. Facility census: 59.Findings included: a) Resident #7Resident #7 was admitted to the facility on [DATE]. Upon admission, the resident had a diagnosis of major depressive disorder, vascular dementia, both dated 08/04/25 For these illnesses, the resident was prescribed -Zoloft Oral Tablet 50 MG (Sertraline HCl)The resident's PASARR was most recently completed on 01/29/24 by the facility.Question 40 of the PASARR asked about the resident's major mental illness or suspected mental illness. The facility responded None/NA to this question. b) Resident #19 This resident was initially admitted to the facility on [DATE]. Upon admission to the facility, the resident had diagnoses which included: -Epilepsy, -Anxiety, -Major Depressive Disorder, During the resident's stay on 05/30/25, the resident was diagnosed with Bipolar Disorder. The resident's PASARR was most recently completed on 04/24/25 at another nursing home.Under Question 30, Current Diagnosis, none are marked. Under question 47 The individual has a primary diagnosis of: N/A is marked. This PASARR did not reflect any mental illnesses. The most recent MDS was completed on 03/25/26. It was marked yes for diagnoses of seizure disorder or epilepsy; anxiety disorder; and bipolar disorder. It was marked no for depression. These discrepancies were reviewed with the Nursing Home Administrator on 04/08/2026 at 12:43 PM.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on record review, observation and staff interview the facility failed to have an accident free environment for Resident #39 in regards to fall interventions. This was true for one of five residents. Resident identifier: #39. Facility Census: 59.Findings included: a) Resident #39 Medical record review revealed Resident #39 had a care plan developed for falls. The care plan called non-skid socks and non-skid strips to left strips to the left side of the bed. Observations revealed fall interventions for Resident #39 were not in place as stated in care plan, non-skid socks when in bed were not in place, non-skid strips to the left side of bed were not in place. This was verified by Licensed Practical Nurse (LPN) #38 at 10:27 AM on 04/07/26.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on record review, and staff interview the facility failed to ensure Resident #14 was free from unnecessary medications. This was true for one (1) of five (5) residents who were reviewed for unnecessary medications. Resident identifier: #14. Facility Census: 59. a) Resident #14 On 04/09/26 at 9:42 AM a medical record review for Resident #14 found a current Physician order for Pantoprazole 40 milligrams two (2) times a day. Continued record review revealed a pharmacist recommendation made on 07/18/25. The pharmacist had noted that the resident had received a proton pump inhibitor, Pantoprazole 40 MG, two times a day and recommended to change to once daily before food. A review of this recommendation revealed the response from the physician who prescribed the medication was blank. It had no signature. A Medication Administration Record (MAR) Reviewed found Resident #14 received Pantoprazole scheduled two times a day without a change in the 07/18/25 order, through 04/07/26. On 04/09/26 at 9:30 AM during an Interview with the Director of Nursing (DON) she stated the Pantoprazole order should have been reviewed by the Physician prescriber. She continued to say that the pharmacist recommendation was missed on 07/18/25. She provided a copy with the change made and the physician signature 04/07/26.