

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675891	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Bridgeport Medical Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE 2108 15th Street Bridgeport, TX 76426	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45507</p> <p>Based on observations, interviews, and record review, the facility failed to ensure that respiratory care was provided, consistent with professional standards of practice for 2 of 2 residents (Resident #1 and Resident #2) reviewed for respiratory care and services.</p> <p>The facility failed to ensure Resident #1's oxygen tubing was dated.</p> <p>The facility failed to ensure Resident #2's oxygen tubing was dated and properly stored when not in use.</p> <p>These failures could place residents at risk for respiratory infections.</p> <p>Findings included:</p> <p>Record review of Resident #1's admission record, dated 04/25/2024, revealed a [AGE] year-old female with an original admitted [DATE] and readmitted on [DATE] with diagnoses that included heart failure, shortness of breath, obstructive sleep apnea, and chronic obstructive pulmonary disease.</p> <p>Record review of Resident #1's most recent MDS assessment, dated 03/15/2024, revealed a BIMS score of 12 indicating moderate cognitive impairment. Further review of the MDS revealed Resident #1 received oxygen therapy while not a resident and while a resident.</p> <p>Record review of Resident #1's care plan, revised on 03/21/2024, revealed the resident has oxygen therapy r/t CHF, ineffective gas exchange, and CPAP r/t to sleep apnea.</p> <p>Record review of Resident #1's physician orders, dated 03/04/2024, revealed Oxygen: Change Mask, O2 tubing, water bottle, and clean concentrator filter every night shift every Sun Initial & date tubing & bottle.</p> <p>Record review of Resident #2's admission record, dated 05/03/2024, revealed an [AGE] year-old female with an original admitted [DATE] and readmitted on [DATE] with diagnoses that included Alzheimer's Disease, heart failure, and chronic obstructive pulmonary disease.</p> <p>Record review of Resident #2's quarterly MDS assessment, dated 04/16/2024, revealed a BIMS score of 10, indicating moderate cognitive impairment. Further review of the MDS revealed Resident #2 did not receive oxygen therapy while a resident.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #2's physician orders, dated 05/03/2024, revealed Oxygen: Change Mask, O2 tubing, water bottle, and clean concentrator filter every night shift every Sun for SOB related to CHRONIC OBSTRUCTIVE PULMONARY DISEASE.</p> <p>Observation on 04/25/2024 at 3:47 PM revealed Resident #1 was observed in her room sitting in a recliner with blanket on and O2 on via nasal cannula. The concentrator was running at 2.5 LPM and the tubing and humidifier were undated. A CPAP machine was on the table next to the bed. No storage bag for tubing was observed near the CPAP or concentrator.</p> <p>Observation on 04/25/2024 at 4:20 PM revealed contact isolation signage posted on Resident #2's door. Resident #2 was lying in bed. A concentrator was near the bed, turned off, with O2 tubing lying on the floor and not stored in a bag. The humidifier and tubing were undated.</p> <p>Interview on 04/25/2024 at approximately 4:20 PM, CNA A stated the tubing and humidifier should be dated and thought it should have been changed on Sunday. She stated dating allows them to know when it was last changed. CNA A stated when the tubing was not in use it should be kept in a bag to keep it clean, and so it will not be contaminated.</p> <p>Interview on 04/25/2024 at 4:31 PM, LVN B stated tubing should be in a bag to keep it clean and should be dated to see how old it was. She stated the tubing was to be changed every week on the night shift on Sunday evening. LVN B stated if tubing was not stored properly, it could collect dust particles and be contaminated.</p> <p>Interview on 04/25/2024 at 4:49 PM, the ADON stated her expectation was that O2 tubing be changed every Sunday with a fresh bag by night shift. She stated staff should also change out the water bottle and the filter. The ADON stated the end of the tubing, and the humidifier should be dated. She said this was done to keep the tubing clean and sanitary. She stated the nurses were responsible and she was responsible to ensure the policy was followed.</p> <p>Interview on 04/25/2024 at 5:30 PM, the Operations Manager stated his expectations were for staff to know and follow the Oxygen policy. He stated ultimately, he was responsible to ensure staff followed facility policy. He stated the risk could be germs.</p> <p>He stated the DON and the ADON usually spot check those tanks and ensure they were following regulation. He stated he had met with the clinical team to begin staff in-services to ensure if they see something not labeled then they were to alert one of the clinical team.</p> <p>Review of facility policy titled Oxygen Administration revised October 2010, reflected, in part:</p> <p>Purpose</p> <p>The purpose of this procedure is to provide guidelines for safe oxygen administration.</p> <p>Preparation</p> <p>1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration.</p> <p>(continued on next page)</p>

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