

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056346	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2020
NAME OF PROVIDER OF SUPPLIER BRIDGEVIEW POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 521 LOREL WAY YUBA CITY, CA 95991	
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 F 0584	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>Based on observation, interview, and record review, the facility failed to provide a clean environment when a hallway floor was observed to have dirt, and other debris present on it from 11:55 am to 1:20 pm on 2/21/20, before being cleaned. This failure had the potential to contribute to the spread of infection, and posed a safety concern for all residents, staff, and visitors. Findings: During an observation, on 2/21/20 at 11:55 am, the central hallway floor was seen to have some yellowish colored material smeared on it, as well as soil in several small piles. During an observation, on 2/21/20 at 1 pm, the central hallway floor was observed to still be soiled with the same materials, as had been observed at 11:55 am. During a concurrent observation and interview, on 2/21/20 at 1:20 pm, Housekeeper (H) 1 confirmed that the central hallway floor was soiled, and should be cleaned. H 1 stated she would clean it right away. During an interview, on 2/26/20 at 10:55 am, H 2 stated that housekeepers are expected to clean the floors every shift, and clean up any spills right away after seeing them, or being notified of them. During an interview, on 2/26/20 at 1:25 PM, the Housekeeping Manager (HM) stated that hallway floors are cleaned daily, and spills are expected to be cleaned up immediately. The HM stated that they do monthly in-services, and leaving spills on the floor for over an hour is not acceptable for her staff. The facility's policy titled, Maintenance Service, dated 12/17, was reviewed and indicated that the maintenance department is responsible for maintaining the buildings, grounds, and equipment in safe and operable manner at all times.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

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.