

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335228	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER BRIDGEWATER CENTER FOR REHAB & NURSING L L C		STREET ADDRESS, CITY, STATE, ZIP 159 163 FRONT STREET - BOX 765 BINGHAMTON, NY 13902	
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 0921 Level of harm - Potential for minimal harm Residents Affected - Some	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interview during an abbreviated survey (NY 036), the facility did not provide a functional and sanitary holding environment for deceased residents. Specifically, the remains of a deceased resident (Resident #1) was left for 72 hours in a room that was not temperature-controlled. Findings include: Resident #1 was admitted to the facility with [DIAGNOSES REDACTED]. The [DATE] Minimum Data Set (MDS) assessment documented the resident expired on [DATE]. A [DATE] nursing progress note documented the resident's time of death was [DATE] at 1:09 PM. Staff were instructed to contact the provider to notify of time of death and receive an order to release the body. A [DATE] at 3:34 PM physician's orders [REDACTED]. The order was signed by a nurse practitioner (NP) on [DATE] at 2:19 PM. There was no documentation of the name of the funeral home to release the body to. Resident #1's medical record Face Sheet (demographic information) did not include documentation of a designated funeral home to call when the resident expired. The Face Sheet included a handwritten note at the bottom of the page which documented the resident was picked up by a funeral home on [DATE] at 6:00 PM. On [DATE] at 9:50 AM, the basement Rose Room, used to temporarily hold deceased residents until funeral home pick up, was observed. The room was not a temperature-controlled cooler. The room was approximately 10-feet x 10-feet in size and was empty at the time of observation. During an observation on [DATE] at 11:20 AM, the temperature of the basement Rose Room was 74 degrees Fahrenheit. On [DATE] at 10:00 AM, the Director of Nursing (DON) stated a funeral director would usually come within 24 hours to pick up a deceased resident. The basement morgue room was used to temporarily hold deceased residents until pick up and was not temperature controlled. She stated the nursing Supervisor on duty was responsible for contacting family members and funeral homes when a resident expired. The funeral director would meet with the nursing Supervisor on duty in the basement to pick up the body. Resident #1 expired on [DATE] and they could not get ahold of the family contact and there was no funeral home listed. She stated the family contact called the facility on [DATE], and Resident #1 was then moved to a funeral home. The DON stated the Death of a Resident policy did not reference the temporary holding of a deceased resident if the facility could not immediately contact the family or did not have a listed funeral home. On [DATE] at 10:45 AM, RN #2 stated in an interview, she was the nursing Supervisor on duty when the resident expired, and she brought Resident #1 to the basement's Rose Room. During her day shift on [DATE], between 7 AM to 3 PM, she called and left a message with Resident #1's family contact. She stated when a resident expired a nursing Supervisor would contact the family first, and the family would decide which funeral home the deceased resident would be released to. She stated she was not sure why it took three days for Resident #1 to be moved to a funeral home. She stated usually a deceased resident was moved within a couple of hours to a funeral home. On [DATE] at 12:00 PM, the Administrator stated in an interview, the county morgue should be called to help place deceased residents until the family could decide which funeral home the resident should go to. Multiple funeral homes had denied acceptance of Resident #1. He stated he was not sure if the county morgue was called to assist with Resident #1's remains. On [DATE] at 12:35 PM, RN #4 stated during an interview, during the night shift on [DATE] between 11 PM to 7 AM, she called and left messages with the resident's family contact. She was aware Resident #1 was in the basement Rose Room. She stated she was not aware she could contact the county morgue if the deceased resident's family could not be contacted. During a second interview on [DATE] at 1:00 PM, the Administrator stated there was no guidance to call the county morgue in the event family could not be contacted. He stated he was not working on [DATE] and [DATE] and did not know Resident #1 was still in the basement morgue room until [DATE] when a nursing Supervisor called him and told him that multiple funeral homes had refused to take the deceased resident. He called the county morgue on [DATE] and had the deceased resident removed. He stated it was not acceptable for a deceased resident to be held in a non-temperature-controlled room for three days. On [DATE] at 1:55 PM, RN #5 stated in an interview, during her day shift on [DATE], 7 AM to 3 PM, she reported to the Administrator that there was a deceased resident in the basement Rose Room. She received a telephone call from the Resident #1's family member on [DATE]. She worked the day shifts on [DATE] and [DATE], and prior to the telephone call she was not aware there was a deceased resident in the basement morgue room. She stated deceased residents were usually moved to a funeral home by the end of her shift. 10NYCRR 483.90(i)</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.