

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155793	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/15/2015
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NAME OF PROVIDER OR SUPPLIER  HAMILTON TRACE OF FISHERS	STREET ADDRESS, CITY, STATE, ZIP CODE 11851 CUMBERLAND RD FISHERS, IN 46037
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F000000	<p>This visit was for the Investigation of Complaint IN00162111.</p> <p>Complaint: IN00162111 - Substantiated. Federal/State finding related to the allegation is cited at F327.</p> <p>Survey dates: January 13, 14 &amp; 15, 2015</p> <p>Facility Number: 012644 Provider Number: 155793 AIM Number: 201046710</p> <p>Survey Team: Mary Jane G. Fischer RN TC</p> <p>Census Bed Type: SNF: 44 SNF/NF: 52 Residential: 31 Total: 127</p> <p>Census Payor Type: Medicare: 34 Medicaid: 25 Other: 37 Total: 96</p> <p>Sample: 6</p> <p>This deficiency reflects State finding cited in accordance with 410 IAC</p>	F000000	<p>February 4, 2015 Kim Rhoades, Director Long-Term Care Division Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204 Re: Allegation of Compliance Dear Ms. Rhoades: Please find enclosed the Plan of Correction to the annual Complaint Survey conducted on January 15, 2015. This letter is to inform you that the plan of correction attached is to serve as Hamilton Trace's credible allegation of compliance. We allege compliance on February 10, 2015. If you have any further questions, please do not hesitate to contact me at (317) 813-4444. Sincerely, Melissa Hampton, HFA Administrator</p> <p>Submission of this plan of correction in no way constitutes an admission by Hamilton Trace of Fishers or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care or other services provided in this facility. The Plan of Correction is prepared and executed solely because it is required by Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the Complaint Survey on January 15, 2015. Please accept this plan of</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.

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F000327 SS=G	<p>16.2-3.1.</p> <p>Quality Review was completed by Tammy Alley RN on January 22, 2015.</p> <p>483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION</p> <p>The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.</p> <p>Based on observation, record review and interview the facility failed to ensure the hydration needs of dependent residents, in that when residents required the facility nursing staff to provide sufficient fluids to meet hydration needs the facility failed to ensure adequate hydration.</p> <p>A resident ("A") was transported to a local area hospital due to a change in condition where it was determined the resident had elevated electrolytes due to dehydration which required intravenous fluids to be administered.</p> <p>This deficient practice effected 3 of 3 sampled residents reviewed with diagnoses which included dementia with confusion in a sample of 6. (Residents "A", "B" and "E").</p> <p>Findings include:</p>	F000327	<p>correction as Hamilton Trace of Fisher's credible allegation of compliance by February 10, 2015. This statement of deficiencies and plan of correction will be reviewed at the March Quality Assurance/Assessment Committee meeting.</p> <p><b>F327 I. The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.</b> Resident "A" is no longer resides at this facility. Resident "B" has been reviewed and fluid amount calculated to maintain proper hydration and health. Resident "B" and "E" fluid intakes are monitored daily. <b>II. The facility will identify other residents that may potentially be affected by the deficient practice.</b> All residents have the potential to be affected by the alleged deficient practice. <b>III. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.</b> Resident's hydration needs to be assessed by Registered Dietician or designee upon admission, quarterly, and with significant change. Nursing,</p>	02/10/2015	

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	<p>1. The record for Resident "A" was reviewed on 01-13-15 at 11:00 a.m. Diagnoses included, but were not limited to, encephalopathy, communicative deficit, nausea, relapsing fever, hypertension, glaucoma, and pain. These diagnoses remained current at the time of the record review.</p> <p>Prior to admission, the "New Admit Communication Form," from the facility clinical liaison indicated the following: "Acute encephalopathy with frequent falls and UTI [urinary tract infection], glaucoma, coronary artery disease and elevated blood pressure." A notation at the bottom of the form indicated, "Pt. [patient] admitted with acute encephalopathy. They checked her for UTI but it was mild. Pt. had some diarrhea so she is also dehydrated. Needs assistance with eating."</p> <p>A review of the resident's hospital "discharge summary," dated 10-09-14, indicated discharge diagnoses which included "Altered mental status secondary to worsening of likely preexisting dementia secondary to dehydration."</p> <p>A review of the "Nutritional Assessment - Comprehensive," dated 10-12-14, indicated the resident received a regular</p>		<p>Activities, and Therapy staff to be re-educated on offering, keeping in reach, and documentation of fluids. Resident's fluid intakes will be monitored daily to determine if fluid recommendations are met. If fluid recommendations are not met the Interdisciplinary team will review cause and initiate interventions as needed. <b>IV. The facility will monitor the corrective action by implementing the following measures.</b> DON/Designee will audit resident's fluid intakes daily with initiation of intervention as needed. DON/Designee will audit resident's room for availability and ease of access of fluids daily times 4 weeks, weekly times 4 weeks then monthly times 4 months. Results of this audit will be reviewed at the monthly Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. <b>V. Plan of Correction completion date.</b> Plan of Completion date is February 10, 2015</p>				

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	<p>diet and consumed 1590 ml [milliliters] of fluids daily and an average daily meal consumption of 51 - 75 %. The dietician indicated the resident "was at risk for altered nutritional/weight status, r/t [related to] regular diet order AEB [as evident by] hx. [history] of HTN [hypertension], encephalopathy, skin alterations. Initiate Plan of Care."</p> <p>A review of the nursing admission assessment, dated 10-15-14, indicated the resident had no visual impairments, was alert, had no memory problems, had diarrhea, presented with moist oral mucosa, with no clinical signs or symptoms of dehydration. The nurse determined there was no need to proceed with a plan of care as the resident was not at risk for dehydration.</p> <p>The assessment indicated the resident weighed 115 lbs at the time of admission.</p> <p>A plan of care was developed, dated 10-15-14, and indicated a short term goal included, "Resident will remain well hydrated." Interventions included "encourage fluid intake, obtain and monitor lab work PRN [as needed]."</p> <p>In addition, the resident had complaints of loose stools on 10-15-14 and the physician ordered Cholestyramine two</p>						

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	<p>times a day for two weeks to aide in the resident's diarrhea/loose stools.</p> <p>The 14 day nursing assessment, dated 10-21-14 indicated the resident had "cognitive impairment, which prevents communicating needs or obtaining fluids independently. Functional impairment which prevents independent access to fluids. At risk for dehydration - proceed to care plan."</p> <p>The plan of care was not updated after this assessment.</p> <p>On 10-18-14 the resident was found with a "skin tear to the right lower leg." The resident was unable to inform the staff how the skin tear occurred, but the "change of condition event report," dated 10-18-14, indicated the area measured 1 centimeter by 1 centimeter with no complaints of pain by the resident.</p> <p>A progress note dated 10-21-14 at 10:25 a.m., indicated the area measured 1.2 centimeters by 1.4 centimeters. On 10-21-14 at 6:00 p.m., the progress note indicated "noted by other nurse that resident's RLE [right lower extremity] has turned red, warm to touch, and edematous." The physician was notified and instructed the nursing staff to administer Keflex 500 mg [milligrams]</p>						

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	<p>one tablet three times a day for 7 days.</p> <p>The 10-22-14 progress note indicated the resident was "nauseated by the antibiotic" and the physician was notified. The nursing staff received additional medication orders to aide in the resident's nausea.</p> <p>The 10-22-14 Nurse Practitioner notation indicated the resident had "chronic edema, a skin tear on RLE with "some withering from loss of fluid, there is some warmth, no tenderness and no cellulitis."</p> <p>The 10-24-14 Nurse Practitioner notation indicated the resident was evaluated for "vomiting and early dehydration, positive for nausea and vomiting. N/V [nausea /vomiting cause undetermined - Phenergan [a medication for nausea] ordered for treatment, monitor." The Nurse Practitioner also ordered Lasix [a diuretic] 40 mg by mouth for three days.</p> <p>The resident continued to complain of nausea on 10-23-14, 10-24-14, 10-25-14, and 10-26-14 with some emesis noted. By 10-25-14 the resident began to refuse her medications.</p> <p>The 10-25-14 nurses progress note indicated a concerned family member requested the antibiotic to be</p>			

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	<p>administered intramuscularly as the resident began to refuse medications, and also requested intervenous fluids started due to the resident's decreased ability to consume food or fluids due to nausea and vomiting.</p> <p>The notes indicated the Nurse Practitioner was notified of the request but denied the family request as the Nurse Practitioner "stated that resident is not showing signs or symptoms of dehydration and that vomiting is not an indicator of intravenous fluids."</p> <p>During an interview on 01-13-15 at 2:50 p.m., a concerned family member indicated the family was aware the resident had a history of becoming dehydrated. The family member indicated another family requested to start an IV to keep the resident hydrated. "She [the resident] had trouble swallowing and then she would vomit. The nurse said she called the doctor and was told 'no.' When we asked the nurse to ask the doctor why that decision was made, the nurse stated, "because he's the doctor and that's why." "I don't know who the nurse spoke with, but we spoke to the doctor and he said he was on vacation and had no idea the problems [resident] was having."</p>				

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	<p>A 10-26-14 at 9:43 a.m., the nurses progress note indicated, "Resident would not take any medications this a.m. d/t [due to] feeling 'nauseated.' Resident also refused to take any anti-nausea meds. [medications]. Lying in bed with empty emesis basin at bedside."</p> <p>A review of the food intake record indicated the resident's appetite began to decline with food consumption diminishing from an average of 50 - 75 % to 1 -25 % at breakfast, lunch and dinner. Fluid intake diminished to 930 c.c. [cubic centimeters] on 10-22-14, 1220 c.c. on 10-23-14, 1620 c.c. on 10-24-14, 1740 c.c. on 10-25-14, 1560 on 10-26-14 and 840 c.c. on 10-27-14.</p> <p>The resident had a change of condition on 10-27-14 and was transported to the local area hospital via emergent transport 911.</p> <p>A review of the hospital record on 01-12-15 at 1:00 p.m., indicated the emergency documentation acknowledged the resident "per family member" had not been eating or drinking much and has had vomiting times 4 days." The hospital physician notation dated 10-27-14 indicated , "Impression: elevated BP [blood pressure], dehydration, AKI [acute kidney injury], dementia, leukocytosis</p>						

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	and hyponatremia. Plan: Dehydration: tachycardic. Secondary to lack of PO [by mouth] intake and N/V. On IVF [intravenous fluids]. AKI: secondary to dehydration Cr. [Creatinine] 2.52 Baseline around 1.0. Generous IVF. Hyponatremia: likely hypovolemic hyponatremia secondary to dehydration. History of present illness: She is a poor historian and is not able to give much information but does c/o [complain of] abdominal pain and nausea that she has had times 4 days. She has also had diarrhea. She also has had decreased appetite and fluid intake for the past several days. Of note, she was being treated for a skin infection with Keflex about 10 days ago but did not take all the antibiotics as prescribed. Review of Systems: Positive for nausea, vomiting, abdominal pain. Has had diarrhea in the past week. Mucous membranes are dry, lower abdominal tenderness." The resident received dextrose 5% with 0.9 % of sodium KCL at 100 ml per hour. The hospital laboratory results included a Na+ [sodium] of 133 [normal range of 136 - 145], BUN 36 [normal range of 10-20], Creatinine of 2.52 [normal range of .7 - 1.2] and WBC [white blood cell count] 21.8. In addition the hospital tested the resident's lactic acid level [a test that measures the level of lactic acid made in the body which can be elevated due to				

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	<p>infection], with a result of 0.9 [normal range .5 - 2.2] and subsequently diagnosed with "severe clostridium difficile with lactic acidosis."</p> <p>2. The record for Resident "B" was reviewed on 01-14-15 at 10:30 a.m. Diagnoses included, but were not limited to, encephalopathy, memory loss, dementia, atrial fibrillation, and altered mental status. These diagnoses remained current at the time of the record review.</p> <p>A review of the "New Admit Communication Form," indicated the resident had a history of falls and confusion. The form further indicated the "specialized teaching needs" included, "Pt. does not talk but can follow some commands, has mild oral dysphagia, musculoskeletal weakness - bilaterally upper and lower extremities, acute encephalopathy but now back to baseline. Pt. with extensive history of dementia and admitted to the hospital with complaints of sleepiness times 2 days."</p> <p>The hospital discharge summary, dated 12-31-14, indicated the resident had mild oral dysphagia and dementia which was "impacting swallowing," and also while at the hospital the resident had an elevated BUN of 31 on 12-27-14 with a</p>						

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	<p>creatinine of 1.77 and needed to be "hydrated." Further review of the record indicated that on 12-30-14, after hydration the resident's BUN was 18, prior to admission to the facility.</p> <p>At the time the resident was admitted to the facility the resident weighed 210 lbs. (pounds) and had physician orders for Lasix 20 mg every day.</p> <p>A review of the initial plan of care, dated 01-08-15, indicated the resident was at risk for dehydration due to cognitive impairment. Interventions to this plan of care included "encourage fluid intake, obtain and monitor laboratory work as needed and dehydration assessment per policy."</p> <p>A review of the 14 day assessment, dated 01-14-15 indicated the resident "rarely/never understands others, vision was moderately impaired, always incontinent of bowel and bladder," and risk factors for dehydration included "cognitive impairment which prevents communicating needs or obtaining fluids independently, functional impairment which prevents independent access to fluids and had the use of diuretics and/or laxatives." Resident is at risk for dehydration - proceed to care plan."</p>				

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	<p>Further review of the plan of care lacked any additional interventions.</p> <p>A review of a laboratory result, dated 01-12-15 indicated the resident's BUN was elevated at 30 (normal range 8 - 21), and Creatinine 1.37 (normal range of .64 - 1.27). A handwritten notation on this report instructed the nursing staff to "push fluids."</p> <p>In addition the resident had a change in condition, which required transportation to the local area hospital due to a laceration to the lip/mouth which continued to bleed and needed physician intervention.</p> <p>While at the hospital, the resident had blood work drawn and the laboratory results included a BUN of 34 "H" (high), Creatinine of 1.43 "H", and Sodium of 147 "H".</p> <p>Approximate fluid needs for this resident, based on a weight of 210 lbs, indicated the resident required approximately 2863 c.c. daily, (210 lbs divided by 2.2 kilograms per pound times 30 c.c. of fluids = approximate amount of daily fluid needs) .</p> <p>A review of the Total Intake of fluids in cubic centimeters (c.c.) for this resident</p>			

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	<p>from 12-31-14 thru 01-14-15 were as follows:</p> <p>12-31-14 = 600 01-01-15 = 1081 01-02-15 = 630 01-03-15 = 1500 01-04-15 = 1500 01-05-15 = 1980 01-06-15 = 1140 01-07-15 = 1440 01-08-15 = 1980 01-09-15 = 2400 01-10-15 = 1600 01-11-15 = 1080 01-12-15 = 2400 01-13-15 = 1950 01-14-15 = 1680</p> <p>The fluids needs of this dependent resident were not met.</p> <p>During an interview on 01-15-15 at 10:00 a.m., the corporate nurse consultant verified the dietician had not estimated the fluid needs for the resident.</p> <p>3. The record for Resident "E" was reviewed on 01-13-14 at 2:00 p.m. Diagnoses included, but were not limited to dementia, history of clostridium difficile hypertension, congestive heart failure and dysphagia. These diagnoses remained current at the time of the record review.</p>						

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	<p>At the time of the complaint survey the resident was identified by Licensed Nurse #3 as "in contact isolation due to C-Diff. [clostridium difficile]."</p> <p>The resident had current physician orders for Lasix 20 mg every day.</p> <p>The resident had a current plan of care, originally dated 04-14-14 which indicated the resident was "at risk for dehydration." Interventions to this plan of care included "Assess for dehydration (dizziness on sitting/standing, change in mental status, decreased urine output, concentrated urine, poor skin turgor, dry, cracked lips, dry mucus membranes, sunken eyes, constipation, fever, infection ,electrolyte imbalance). Assess risk factor for dehydration, Keep fluids accessible, monitor lab work and report abnormal's."</p> <p>A review of the current laboratory results in the resident's record indicated the resident BUN on 10-22-14 was 29, and Sodium 141. A subsequent laboratory result, dated 12-02-14 indicated the resident's BUN was 20, Sodium 147 (normal range 135 - 145) and WBC's (white blood cell count) was 14.89. This laboratory result identified the resident with clostridium difficile.</p>			

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	<p>The record indicated on 01-11-15 the resident continued with "Loose stools."</p> <p>The record indicated the resident weighed 146 lbs. on 12-04-14. Fluids needs for this resident were approximately 1990 c.c. daily, (146 lbs divided by 2.2 kilograms per pound times 30 c.c. of fluids = approximate amount of daily fluid needs) .</p> <p>A review of the fluid intake in cubic centimeters (c.c.) from 12-04-14 thru 12-04-14 indicated the following consumption:</p> <p>12-04-14 = 1680 12-06-14 = 1690 12-07-14 = 1050 12-08-14 = 1800 12-09-14 = 1320 12-10-14 = 1790 12-11-14 = 1560 12-12-14 = 1800 12-13-14 = 1800 12-15-14 = 1980 12-16-14 = 1570 12-17-14 = 1680 12-18-14 = 1460 12-19-14 = 1460 12-20-14 = 780 12-21-14 = 1880 12-22-14 = 1680 12-23-14 = 1572</p>						

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	<p>12-25-14 = 1770 12-26-14 = 1680 12-28-14 = 1740 12-29-14 = 1330 12-30-14 = 870 12-31-14 = 840</p> <p>The record indicated the resident weighed 138.6 lbs on 01-05-15. Fluid needs for this resident were approximately 1890 c.c. daily.</p> <p>A review of the fluid intake from 01-01-15 thru 01-13-15 indicated the following fluid consumption: 01-01-15 = 1560 01-02-15 = 1680 01-03-15 = 1650 01-04-15 = 1560 01-05-15 = 2277 01-06-15 = 840 01-07-15 = 1730 01-08-15 = 2360 01-09-15 = 2010 01-10-15 = 2400 01-11-15 = 1920 01-12-15 = 840 01-13-15 = 1650</p> <p>The record indicated on 01-11-15 the resident continued with "Loose stools."</p> <p>During an observation on 01-14-15 at 8:45 a.m., the resident was observed</p>			

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	<p>sitting up in bed. The resident's breakfast tray was on the overbed table in front of the resident. The only fluid observed on the tray was orange juice. The water pitcher was out of the resident's reach. During interview, the resident stated, "I ate my cereal, but I only got juice and no coffee."</p> <p>4. A review of the facility policy on 01-15-14 at 9:00 a.m., dated as "revised" 11/12, titled "Hydration Monitoring," indicated the following:</p> <p>"Purpose" To aid each resident in receiving sufficient fluid intake to maintain hydration in accordance with calculated fluid needs."</p> <p>"Policy: It is the policy of this facility to monitor the resident's fluid balance in accordance assessed needs or problems."</p> <p>"Examples of resident problems or needs which may (underscored) required hydration monitoring: 1. Significant weight variances or identified nutritional risk. 2. Diagnosed with dementia or other mental impairment which prevents communicating needs or obtaining fluids independently. 3. Functional impairments which prevent independent access to fluids. ... 5. Signs and symptoms of dehydration: weight loss,</p>			

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	<p>unusually dry skin, dry mucous membranes, dry cracked tongue, cracked lips, poor skin turgor, excessive thirst, fever, malaise, abnormal lab values (elevated Hbg [hemoglobin], K+ [potassium], Cl [chloride], Na+ [sodium], albumin, transferrin, BUN [blood urea nitrogen] or urine specific gravity), abnormally low urinary output, highly concentrated urine. ... 7. Vomiting or diarrhea resulting in fluid loss."</p> <p>"Procedure: At the time of admission and periodically thereafter, the licensed nurse will assess the resident's need for hydration monitoring. Fluids needs will be calculated by the Dietary manager or the Registered Dietician. Fluids will be provided on meal trays, with between meal nourishments, medication administration, during activities programming, and offered frequently during care and resident contact. A minimum of 60% of the residents daily fluid needs will be provided on the resident's meal trays within a 24 hour period. A dehydration assessment will be completed upon admission and with significant changes in condition to assist in identifying risk factors and development of the plan of care. A plan of care shell be developed to address any hydration concerns. This plan of care will be developed utilizing the clinical</p>			

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	<p>conditions and risk factors identified, taking into account the estimated fluid needs of the resident. When indicated, shift and 24 hour fluid intake totals shall be calculated and analyzed by a licensed nurse. ... The attending physician shall be notified of significant hydration concerns."</p> <p>5. A subsequent policy reviewed on 01-14-15 at 10:00 a.m., titled "Nutrition Hydration at risk Program," undated, indicated the following:</p> <p>"Resident's at nutrition and/or hydration risk will be identified through the interdisciplinary process. Residents who are found to be at risk are placed on a Nutritional/Hydration Risk Program."</p> <p>"Fluid intake will be documented on all residents for the 1st seven days of the resident's admission to asses in hydration monitoring."</p> <p>"The nutritional assessment completed on all residents by the RD [Registered Dietician] or the CDM [Certified Dietary Manager] will assist in determining those residents which are at an increased risk based upon diagnoses and clinical condition. Those conditions include: Cancer, renal disease, diabetes, depression, chronic obstructive</p>						

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	<p>pulmonary disease, Parkinson's Disease, Alzheimer's Disease, Infection, Dehydration, constipation/Diarrhea, Dysphagia/chewing and swallowing problems, edentulous or ill-fitting dentures, totally dependent for eating, Abnormal lab values associated with malnutrition (albumin, plasma transferrin, magnesium, hct/hbg [hemoglobin/hematocrit], BUN/creatinine ratio, potassium, cholesterol), use of medications such as diuretics, laxatives and cardiovascular agents."</p> <p>"The facility's interdisciplinary nutrition at risk committee will review the residents who are on the program on a bi-monthly basis. This review will include monitoring of the food intake and fluid intake records, the weight flow records, the clinical documentation, and the overall plan of care. The RD is responsible for recommending nutritional interventions."</p> <p>"A licensed nurse is responsible for analyzing the nutritional consumption documentation as it appears on the food intake record, and notifying the RD/CDM and the physician when there are nutritional concerns."</p> <p>This Federal tag relates to Complaint</p>				

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