

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155193	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/29/2012
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-GREENWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 377 WESTRIDGE BLVD GREENWOOD, IN 46142
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F0000	<p>This visit for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey, completed on October 11, 2012</p> <p>This visit was in conjunction with the PSR to the Investigation of Complaint IN00118744, completed on November 1, 2012.</p> <p>Dates of Survey: November 28 and 29, 2012</p> <p>Facility number: 000101 Provider number: 155193 AIM number: 100291290</p> <p>Survey Team: Beth Walsh, RN-TC Karina Gates, BHS Courtney Mujic, RN</p> <p>Census Bed Type: SNF/NF: 162 Total: 162</p> <p>Census Payor Type: Medicare: 46 Medicaid: 101 Other: 15 Total: 162</p> <p>These deficiencies reflect state</p>	F0000		

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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	findings cited in accordance with 410 IAC 16.2. Quality review completed on December 4, 2012 by Bev Faulkner, RN				

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview and record review, the facility failed to treat a resident's pressure sores as ordered for 1 of 3 residents reviewed for following wound treatment orders. (Resident A)</p> <p>Findings include:</p> <p>The clinical record for Resident A was reviewed on 11/29/12 at 11:00 a.m.</p> <p>The diagnoses for Resident A included, but were not limited to: multiple sclerosis and hemiplegia.</p> <p>An interview and observation were conducted with Resident A on 11/29/12 at 11:35 a.m. Resident A indicated she had pressure wounds on both of her heels. She indicated the wounds on her heels were found the previous week. She stated, "They ordered a boot for my right heel, but my left heel hurt more, so they switched the boot to my left. I guess therapy has to order another boot. I've had this one since Monday." Resident A was observed with a boot</p>	F0282	<p>This plan of correction is the center's credible allegation of compliance. Preparation and or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and or executed solely because it is required by law. It is the intention of Kindred Transitional Care and Rehab- Greenwood to provide or arrange services by qualified persons in accordance with each resident's written plan of care. What corrective actions will be accomplished for those residents found to have been affected by this deficient practice. The MD orders for this resident were reviewed and two L'Nard splints were placed. The licensed nurses sited were couniled and educated. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken. All MD orders will be addressed per regulation. The licensed nurse will ensure the MD order is carried out in its entirety. The responsibility of implementing all</p>	12/08/2012			

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	<p>on her left heel. She stated, "It feels much better this way." Her right heel was observed resting directly on a blue air mattress with no dressing. A small, pink, circular pillow lay next to her right heel. Resident A indicated her right heel was resting on the pink pillow, but the back of her leg began to hurt with the pillow so "they" took it off the pillow. She stated, "I'd like a boot for my right heel."</p> <p>The 11/21/12 Physician's Telephone Order for Resident A indicated, "L-nar boots Bil (bilateral) feet-(arrow pointing up) pressure to heels...Signature of Nurse Receiving order (name and title of LPN #1)."</p> <p>During an interview with LPN #1 on 11/29/12 at 1:19 p.m., regarding Resident A's order for boots for her feet, she indicated, "She has one boot. I was propping the other heel on the pillow. I would alternate from boot to pillow. Therapy should have ordered another boot for her. I'll call and see." LPN #1 was observed to call the therapy department. After hanging up the telephone, LPN #1 stated, "I guess there was a misunderstanding in therapy. They only brought one." Within minutes, Rehab Tech #2 from therapy was observed handing another boot to</p>		<p>meds and treatments is of the licensed nurse taking and signing the order. The Unit Manager or designee is then responsible to review the MD orders in the morning clinical meeting Monday through Friday. The DNS or designee is responsible for the entire process. Education will be provided, by the staff development coordinator or designee, to the licensed nursing staff on proper implementation of MD orders per the Kindred policy and procedure. What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur? Education will be provided to each licensed nurse on the proper implementation of an MD order. The unit manager or designee will ensure the orders are implemented as written. Residents with orders for splints will have the orders written. The Primary Nurse will ensure the treatment is carried out per the MD order. This will be monitored and audited weekly for 4 weeks, then monthly for 3 months by the nurse management team. Each Licensed Nurse who signs off the treatment is committing that the ordered treatment is implemented properly. How the corrective action will be monitored to ensure the deficient practice does not recur. IE what quality assurance program will be put into place. All orders will be reviewed in the interdisciplinary stand up meeting.</p>				

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	<p>LPN #1. Rehab Tech #2 indicated, "Nursing only told me she needed one boot, so I brought one down on Monday. LPN #1 was observed to enter Resident A's room with the boot.</p> <p>During an observation with LPN # 1 on 11/29/12 at 1:20 p.m., Resident A was observed with a boot on each foot. Resident A stated, "It feels much better now."</p> <p>During another interview with Rehab Tech #2 on 11/29/12 at 1:53 p.m., she indicated she was told Resident A needed a boot on Monday (11/26/12) and that was the first she'd heard of it. She stated, "I don't know which specific nurse asked me. It could have been any nurse on day shift. When I was told, I brought a boot down. I had two, but they didn't ask me for two. Today, when (name of LPN #1) called, was the first I heard of her needing a second boot." She indicated she assumed therapy probably did have both boots on 11/21/12 when they were ordered.</p> <p>During an interview with the Sycamore Unit Manager on 11/29/12 at 3:15 p.m. regarding why it took 5 days for Resident A to get one boot, she indicated, "I let therapy know on</p>		<p>The licensed nursing staff will continue to fill out the 'Daily Monitoring of Pressure Ulcer' sheet. There is a component on this form to validate the treatment is in place. The Performance Improvement Committee will review the results for 3 months or until substantial compliance is achieved and identify any issues and or concerns and address immediately any areas identified.</p>		

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	<p>Monday because the order came on Wednesday and I didn't work on Thursday, Friday, or Saturday. On Sunday, I was on another hall. There was no unit manager on Sycamore on Sunday. My next day at work was on Monday and that's when I told therapy." She indicated when the orders come in, they go into the basket on the nurse's desk, then separated by a Medical Records staff person, and then placed into her mailbox. She indicated Resident A's 11/21/12 Physician's Telephone Order for L-nard boots was in her mailbox or the basket on the nurses desk for 5 days from 11/21/12 until 11/26/12, as this time frame included the Thanksgiving Holiday.</p> <p>3.1-35(g)(2)</p>				

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F0314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, interview and record review, the facility failed to treat a resident's pressure sores as ordered for 1 of 3 residents reviewed for following wound treatment orders. (Resident A)</p> <p>Findings include:</p> <p>The clinical record for Resident A was reviewed on 11/29/12 at 11:00 a.m. Resident A was admitted to the facility on 1/30/12.</p> <p>The diagnoses for Resident A included, but were not limited to: multiple sclerosis and hemiplegia.</p> <p>An interview and observation were conducted with Resident A on 11/29/12 at 11:35 a.m. Resident A indicated she had pressure wounds on both of her heels. She indicated</p>	F0314	<p>This plan of correction is the center's credible allegation of compliance. Preparation and or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and or executed solely because it is required by law.</p> <p>F314</p> <p>It is the intention of Kindred Transitional Care and Rehab-Greenwood to ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's condition demonstrates that they were unavoidable; and the resident having pressure ulcers receives the necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. What corrective actions will be</p>	12/08/2012			

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	<p>the wounds on her heels were found the previous week. She stated, "They ordered a boot for my right heel, but my left heel hurt more, so they switched the boot to my left. I guess therapy has to order another boot. I've had this one since Monday." Resident A was observed with a boot on her left heel. She stated, "It feels much better this way." Her right heel was observed resting directly on a blue air mattress with no dressing. A small, pink, circular pillow lay next to her right heel. Resident A indicated her right heel was resting on the pink pillow, but the back of her leg began to hurt with the pillow so "they" took it off the pillow. She stated, "I'd like a boot for my right heel."</p> <p>Review of the 10/25/12 annual MDS (Minimum Data Set) assessment indicated Resident A was total dependence, 2 person physical assist for bed mobility. It also indicated Resident A was at risk for pressure ulcers and had no pressure ulcer(s) at stage 1 or higher.</p> <p>Review of the 11/21/12 Weekly Pressure Ulcer Report indicated, "Is this a new onset pressure ulcer?-yes...Site-right heel, Type-pressure, Length-4.3, Width-4.3, Depth-0.0,</p>		<p>accomplished for those residents found to have been affected by this deficient practice?Nutritional interventions were implemented for this resident to promote optimal health. Her diet was upgraded to increase oral intake, per patient request and under the supervision of the MD and Dietitian.This patient will be weighed weekly until weight is stable for 2 months and then will be weighed monthly. In addition, her food consumption sheets will be monitored by the Unit Manager/Designee.This patient will be followed by facility nutrition at risk meeting to ensure healing and optimal health.Weekly skin assessments will continue for this resident during her stay at the facility. The Wound/ skin MD and wound team will follow this patient until the wound is resolved.This resident will be educated on what interventions are in place to assist her in gaining weight and resolving her wound and why these interventions are important. Periodic review of this information will be presented to the resident to ensure that she continues to understands and is involved in her plan of care.</p> <p>The MD orders for this resident were reviewed and two L'Nard splints were placed. Placement of splints will continue to be monitored for the length of the resident's stay.The licensed nurses sited were counseled and educated.How other residents</p>		

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	<p>Stage-unstageable, Shape: Round/Oval, Date of Initial Observation-11/21/12, Edges-indistinct, diffuse, none clearly visible, Epithelialization-100% wound covered, surface intact, Treatment/Evaluation of Effectiveness: 3m swabs float heels".</p> <p>Review of the 11/28/12 Weekly Pressure Ulcer Report indicated, "Is this a new onset pressure ulcer?-no...Site-right heel, Type-pressure, Length-4, Width-4, Depth-0.0, Stage-Suspected Deep Tissue Injury, Shape: Round/Oval, Date of Initial Observation-11/21/12, Edges-distinct, outline clearly visible, attached, even with wound base, Epithelialization-75% to ,100% wound covered &/or epithelial tissue extends <0.5 cm into wound bed, Treatment/Evaluation of Effectiveness: L-nard boot and 3m swabs".</p> <p>Review of the 11/21/12 Weekly Pressure Ulcer Report indicated, "Is this a new onset pressure ulcer?-yes...Site-left heel, Type-pressure, Length-5.6, Width-5.6, Depth-0.0, Stage-(this was not filled in), Shape: Round/Oval, Date of Initial Observation-11/21/12...Stage/Depth-</p>		<p>having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken. Education on prevention of pressure ulcers is completed for the nursing staff. This will be reviewed with the nursing staff periodically throughout the year and during orientation. Each resident who scored "at risk" on the Braden assessment was reviewed to ensure that all interventions are in place to promote optimal skin health and pressure ulcer prevention. This will be reviewed periodically to ensure that any residents at risk will be identified and appropriate interventions placed. The "at risk" patients identified by Braden assessment Score were added to the CNA care sheets to alert the CNA staff of the risk and to remind the CNAs that interventions needed to be in place. "At risk" patients will be reviewed by the interdisciplinary team during the nutritional at risk meeting to ensure that the interventions are current, appropriate, and accurate for the current condition of residents reviewed. Weekly wound rounds by the wound team will continue. The Director of Nursing Services/designee will champion this assessment and process to ensure that all treatments are appropriate for each patient. Care plans have been updated on Residents who are "at risk" to alert nursing staff</p>				

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	<p>non-blanchable erythema &/or intact skin, Necrotic Tissue Amount- 75% to 100% of wound covered, Exudate Type-None, Treatment/Evaluation of Effectiveness: 3m swabs float heels".</p> <p>Review of the 11/28/12 Weekly Pressure Ulcer Report indicated, "Is this a new onset pressure ulcer?-no...Site-left heel, Type-pressure, Length-4.6, Width-4.6, Depth-0.0, Stage-Suspected Deep Tissue Injury, Shape: Round/Oval, Date of Initial Observation-11/21/12...Stage/Depth-partial thickness skin loss involving epidermis &/or dermis, Necrotic Tissue Amount- <25% of wound bed covered, Exudate Type-Bloody, Treatment/Evaluation of Effectiveness: l-nard boot and 3m swab to heel".</p> <p>The 11/21/12 Physician's Telephone Order for Resident A indicated, "L-nar boots Bil (bilateral) feet-(arrow pointing up) pressure to heels...Signature of Nurse Receiving order (name and title of LPN #1)".</p> <p>During an interview with LPN #1 on 11/29/12 at 1:19 p.m., regarding Resident A's order for boots for her feet, she indicated, "She has one boot. I was propping the other heel</p>		<p>of interventions aimed at pressure ulcer prevention. Braden assessments will be completed as scheduled, prn, and with a change of condition for each Resident. Pressure Ulcer prevention program courses were provided to licensed staff by an outside resource. Continuing education will be ongoing and mandatory for the nursing staff related to the following: nutritional intake; residents with non-compliance issues; off-loading pressure sites; skin health; hygiene; patient education; prevention; and how all these components work together for optimal skin health and prevention of pressure ulcers. Monitoring and auditing of 5 residents per week for 4 weeks, then 5 residents per month for 3 months by DNS/nurse management staff on all three shifts will be completed to ensure compliance with interventions of "at risk" residents. Compliance rounds will include ensuring proper MD-treatment orders are followed. What measures will be out into place or what systemic changes will be made to ensure the deficient practice does not recur? Each resident who scored "at risk" on the Braden assessment was reviewed to ensure that all interventions are in place to promote optimal skin health and prevention of pressure ulcers. The "at risk" Residents identified by their Braden</p>	

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	<p>on the pillow. I would alternate from boot to pillow. Therapy should have ordered another boot for her. I'll call and see." LPN #1 was observed to call the therapy department. After hanging up the telephone, LPN #1 stated, "I guess there was a misunderstanding in therapy. They only brought one." Within minutes, Rehab Tech #2 from therapy was observed handing another boot to LPN #1. Rehab Tech #2 indicated, "Nursing only told me she needed one boot, so I brought one down on Monday. LPN #1 was observed to enter Resident A's room with the boot.</p> <p>During an observation with LPN # 1 on 11/29/12 at 1:20 p.m., Resident A was observed with a boot on each foot. Resident A stated, "It feels much better now."</p> <p>During another interview with Rehab Tech #2 on 11/29/12 at 1:53 p.m., she indicated she was told Resident A needed a boot on Monday (11/26/12) and that was the first she'd heard of it. She stated, "I don't know which specific nurse asked me. It could have been any nurse on day shift. When I was told, I brought a boot down. I had two, but they didn't ask me for two. Today, when (name</p>		<p>Assessment score were added to the CNA care sheets to alert the CNA staff and of the "at risk" residents. "At risk" residents will be reviewed by the interdisciplinary team during the nutritional at risk meeting to ensure interventions are current, appropriate, and accurate for the current condition of residents and to prevent pressure ulcer. Weekly wound rounds by the wound team will continue. The Director of Nursing Services/ designee will champion this assessment and process to ensure all treatments are in place as appropriate for each patient. Care plans have been updated on patients who have been identified "at risk" to alert nursing staff of the interventions and to ensure that interventions are in place. Braden Assessments will be completed as scheduled, prn, and with a change of condition for each Resident. Pressure ulcer prevention program courses were provided to licensed staff by an outside resource. Continuing education will be ongoing and mandatory for nursing staff related to the following nutritional intake; residents with non-compliance issues; off-loading pressure sites; skin health; hygiene; patient education; prevention; and how all these components work together for optimal skin health and prevention of pressure ulcers. Monitoring and auditing of</p>		

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	<p>of LPN #1) called, was the first I heard of her needing a second boot." She indicated she assumed therapy probably did have both boots on 11/21/12 when they were ordered.</p> <p>During an interview with the Sycamore Unit Manager on 11/29/12 at 3:15 p.m., regarding why it took 5 days for Resident A to get even one boot, she indicated, "I let therapy know on Monday because the order came on Wednesday and I didn't work on Thursday, Friday, or Saturday. On Sunday, I was on another hall. There was no unit manager on Sycamore on Sunday. My next day at work was on Monday and that's when I told therapy." She indicated when the orders come in, they go into the basket on the nurses desk, then separated by a Medical Records staff person, and then placed into her mailbox. She indicated Resident A's 11/21/12 Physician's Telephone Order for L-nard boots was in her mailbox or the basket on the nurses desk for 5 days from 11/21/12 until 11/26/12, as this time frame included the Thanksgiving Holiday.</p> <p>3.1-40(a)(1)</p>		<p>5 residents per week for 4 weeks, then 5 residents per month for 3 months by the DNS/designee on all three shifts will be completed to ensure compliance with interventions of "at risk" residents. Compliance rounds will include ensuring proper MD treatment orders are followed. Compliance rounds will be conducted by nurse management staff 3 times per week to ensure interventions are in place for prevention of high risk residents for development of pressure areas. Compliance rounds will include ensuring proper MD-treatment orders are followed. How the corrective action will be monitored to ensure the deficient practice does not recur. IE what quality assurance program will be put into place? The Licensed nurse will complete the daily monitoring of pressure ulcers for each pressure ulcer area identified this will validate the proper treatment is in place. The Unit Manager/ designee will verify that proper treatments are in place 3 times per week for preventative and existing pressure areas. The Performance Improvement committee will review audits for 6 month and identify any issues and/or concerns and address areas immediately. The Performance Improvement team will follow for a period of 6 months to ensure improvement and compliance with programs.</p>		

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F0325 SS=D	<p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on observation, interview and record review, the facility failed to recognize a potential weight loss for 1 of 3 residents reviewed for dental status and services. (Resident A)</p> <p>Findings include:</p> <p>The clinical record for Resident A was reviewed on 11/29/12 at 11:00 a.m.</p> <p>The diagnoses for Resident A included, but were not limited to: multiple sclerosis, hemiplegia, and dysphasia.</p> <p>During an interview with Resident A on 11/29/12 at 11:35 a.m., she indicated she had 3 bottom teeth pulled in October, 2012 and was now on a pureed diet, which she did not like. She also indicated she'd lost weight and her top dentures no longer fit her. She stated, "They told me</p>	F0325	<p>This plan of correction is the center's credible allegation of compliance. Preparation and or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and or executed solely because it is required by law. It is the intention of Kindred Transitional Care and Rehabilitation Center Greenwood to maintain acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates this is not possible. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The recent nutritional approach for this resident, included Ensure Plus at med pass, related to increased energy and protein requirements to support skin</p>	12/08/2012			

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	<p>yesterday, the bottom is still swollen, so I can't have impressions made yet." Resident A was observed at this time with no teeth or dentures in her mouth.</p> <p>Review of Resident A's 10/25/12 annual MDS (Minimum Data Set) assessment indicated she had a BIMS (Brief Interview for Mental Status) score of 15 (highest possible score indicating a resident is cognitively intact). Review of the weight summary for Resident A indicated a weight of 154.9 lbs on the mechanical lift on 11/7/12; a weight of 156 lbs on 9/4/12, and a weight of 161 lbs. on 8/14/12.</p> <p>During another interview with Resident A on 11/29/12 at 2:10 p.m., regarding how she knew she'd lost weight, she indicated, "They weighed me earlier this month and they said I weighed 137." When informed her clinical record indicated she weighed 154.9 on 11/7/12, Resident A stated, "That's bull." At this time, Resident A's roommate, Resident D, stated, "I heard them say 137." Review of Resident D's 9/13/12 quarterly MDS assessment indicated she also had a BIMS score of 15. Based on Resident A and Resident D's statements, this weight indicated a</p>		<p>healing and meeting daily estimated energy needs--this in addition to meal intake. Upon discovery of significant weight change at a one month period, the resident was interviewed with regard to her preferences for further nutritional intervention. This resident prefers to consume greater quantities with breakfast meals daily, as opposed to lunch and dinner meals--this has been the life routine of the resident. The resident stated her dislike of pureed diet texture. She denied recent mouth soreness or pain, at time of interview. Resident stated she dislikes pureed texture, related to appearance. She states at times she "gags", causing her to avoid further intake of the meal. The resident states she enjoys Ensure Plus and wishes to continue with med pass and at meals, when she requests. She is in agreement to have Ensure pudding with lunch and dinner meals, as well as fortified calorie cereal and juice with breakfast meals--this to maximize energy intake with her preference for breakfast, above all other meals. Resident agrees with goal to stabilize weight at 144 pounds and avoid further weight changes of significance. Though not sited in the deficiency report, nursing staff familiar with resident report she has history of excessive consumption of potato chips (family size bags), averaging two</p>		

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	<p>15% weight loss from the August, 2012 weight to the November, 2012 weight.</p> <p>The nurses notes indicated the following:</p> <p>10/30/12 "Resident returned from oral surgeon following extraction of three teeth."</p> <p>11/2/12 "on ATB (antibiotic) for tooth extraction able to eat soft food c/o (complains of) not being able to wear denture at this time"</p> <p>11/5/12 "c/o not beng [sic] able to eat mech (mechanical) soft diet pureed diet ordered"</p> <p>11/13/12 "Weight stable"</p> <p>11/29/12, 9:21 a.m. "Resident has new area to left heel. Continue with current nutritional approach, which includes MVI and ensure plus with med pass. No further nutritional concerns at this time. RD (Registered Dietician) avail (available) prn. Wound care to follow."</p>		<p>to three bags per week--this prior to complications with dentition and diet texture changes. The absence of excessive 'empty calories' usually obtained with snack foods have likely contributed to a large quantity of weight loss taking place over the last 30 days. Further nutritional interventions have been implemented, with the goal of weight stabilization at 144 pounds +/- 7 pounds within 30 days period and +/- 11 pounds within 90 day period. Interventions are as follows: 1. liberalize therapeutic diet to regular. 2. Add fortified calorie juice and cereal to morning meal and Ensure pudding to lunch and dinner meals. 3. Food preferences reviewed/updated. 4. Continue Ensure Plus, as ordered, and may have with meal, upon her request. 5. Add to weekly weights for at least four weeks or until stable. 6. Appointment scheduled for (12/7/12) with outside company providing immediate dentures--diet to remain pureed, at this time, pending texture recommendations from dental professional. 7. Continue to review with interdisciplinary team in nutrition at risk meetings, weekly. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken: Though circumstances surrounding this</p>	

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	<p>An observation of Resident A being weighed via the mechanical lift was made on 11/29/12 at 2:30 p.m., with CNA #3, CNA #4, CNA #5, and the Sycamore Unit Manager. The scale indicated Resident A weighed 144.5 lbs and CNA #5 announced, "144.5." This weight indicated a 6.7% loss in 22 days, based on the facility records.</p> <p>The 2/7/12 nutrition care plan, revised 3/21/12, was reviewed. The care plan indicated Resident A was at risk for nutritional decline related to a diagnosis of multiple sclerosis and weakness. A goal, revised 10/30/12, was for her to consume adequate energy to maintain weight at 160 lbs. plus or minus 12 lbs, within a 90 day period. Interventions, revised 7/30/12, were to determine Resident A's food/beverage preferences and eating patterns and to determine food intolerances and avoid. Another intervention was to offer weight monthly and prn (as needed).</p> <p>During an interview with the Dietician on 11/29/12 at 3:01 p.m., she indicated she would do weights on Resident A more often than monthly if a CNA let her know she wasn't eating as much or had trouble eating. She indicated she, herself, had not seen Resident A lately and none of the</p>		<p>particular resident are complicated with a change/lack of usual excessive consumption of snack foods, precautionary measures will be as follows: Residents with wounds will be weighed weekly. Weights will be measured weekly throughout the duration of time in which wound is present. Residents having a downgrade in diet texture will be monitored weekly for four consecutive weeks and ongoing, pending RD, or designee, discretion. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Staff will be educated as to risk factors for nutritional decline, which includes weight loss; Points emphasized will include: diet texture changes, change in medical status, new chewing or swallowing difficulty, and presence of wounds. Emphasis will be placed on importance of notification to both unit manager and Registered Dietitian, or designee, of a decrease in usual energy intake, including meals, snacks, and fluids. The Registered Dietitian, or designee, will speak with the family and/or resident to develop a plan of care to improve nutritional status and resolve nutritional problem. Residents having a downgrade in diet texture will be monitored weekly for four consecutive weeks and ongoing, pending the discretion of</p>				

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	<p>CNA's had informed her of any issues. She indicated Resident A's skin conditions, recent extraction of bottom teeth, top dentures no longer fitting, and recent change to a pureed diet were not enough evidence to suggest potential weight loss. She indicated those things would have to be coupled with trouble eating or decrease in eating which none of the CNA's had informed her of. She also indicated Resident A was put on Ensure for her skin issues.</p> <p>The 11/14/12 Physician's Telephone Orders indicated, "Ensure plus, 120 mL (TID) (three times daily) with med pass x 30 days -r/t (related to) skin healing needs"</p> <p>During an interview with CNA #3, CNA #4, and CNA #5 on 11/29/12 at 3:08 p.m., CNA #3 indicated Resident A didn't look like she'd lost any weight. CNA #4 indicated Resident A looked the same to her. CNA #5 indicated she hadn't noticed any changes in her.</p> <p>3.1-46(a)(1)</p>		RD or designee. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: The Performance Improvement Committee will follow all residents with wounds and significant weight loss for a period of six months to establish compliance.				

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