

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/28/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155139		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/20/2022	
NAME OF PROVIDER OR SUPPLIER  NORTH WOODS VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 2233 W JEFFERSON ST KOKOMO, IN 46901			
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00383801.</p> <p>Complaint IN00383801 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: December 12, 13, 14, 15, 16, 19 and 20, 2022</p> <p>Facility number: 000064 Provider number: 155139 AIM number: 100288770</p> <p>Census Bed Type: SNF/NF: 115 Total: 115</p> <p>Census Payor Type: Medicare: 5 Medicaid: 71 Other: 39 Total: 115</p> <p>These deficiencies reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on December 27, 2022.</p>			F 0000			
F 0692 SS=D Bldg. 00	<p>483.25(g)(1)-(3) Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a</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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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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	<p>resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. Based on observation, interview and record review, the facility failed to complete weekly weights as recommended by the Registered Dietician (RD) and to complete a weight for a resident with a known nutritional concern for 3 of 5 residents reviewed for nutrition. (Residents 14, 34 and 36)</p> <p>Findings include:</p> <p>1. During an observation, on 12/12/22 at 4:25 p.m., Resident 14's sides of his face were sunk in.</p> <p>During an observation, on 12/14/22 at 3:15 p.m., the resident was lying in bed, his eyes were closed, and the sides of his face were sunk in.</p> <p>The record for Resident 14 was reviewed on 12/19/22 at 4:43 p.m. Diagnoses included, but were not limited to, dementia with mood disturbance, cognitive communication deficit, cerebral infarction, and dysphagia (difficulty swallowing).</p>			F 0692	<p>F 692</p> <p>The facility respectfully requests desk review and paper compliance in this matter. Thank you for your consideration.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Residents 14, 34, and 36 have orders for weekly weights and are being reviewed weekly in NAR (Nutritionally at risk) meeting until weight is stable.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; weight variance report reviewed per DNS by 1/7/23 to identify any residents trending/triggering weight loss with any residents identified to be</p>		01/07/2023

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	<p>A care plan, dated 1/29/21, indicated the resident was at risk for altered nutrition related to the diagnosis of dementia. The goal was to remain within a normal BMI (body mass index) and weight gain was desired. The approaches included, but were not limited to, monitor weight as indicated.</p> <p>A nutrition note, dated 11/18/22 at 4:33 p.m., indicated the resident's weight was 132 pounds. The BMI was 17 which was underweight. The resident was to be added to the nutrition at risk (NAR) and have his weight monitored for 4 weeks.</p> <p>The following weights were recorded:</p> <ol style="list-style-type: none"> <li>1. On 10/8/22, the weight was 138 pounds.</li> <li>2. On 11/10/22, the weight was 132 pounds which was a 4.35% weight loss in one month.</li> </ol> <p>There was not a weight recorded for the month of December.</p> <p>During an interview, on 12/20/22 at 12:13 p.m., the Director of Nursing (DON) indicated the NAR did not get initiated and there was not a reason it was not completed. The resident did not get the weekly weights for 4 weeks.</p> <p>2. The record for Resident 34 was reviewed on 12/19/22 at 5:02 p.m. Diagnoses included, but were not limited to, moderate protein-calorie malnutrition, dysphagia, and dementia.</p> <p>A care plan, dated 10/28/22, indicated the resident was at risk for an altered nutritional status due to the diagnoses of moderate protein-calorie malnutrition, dementia, dysphagia, and advanced age. The goal was for the resident to be free of significant weight changes and to have a gradual weight gain to reach her usual body weight of</p>				<p>added to weekly NAR meeting. RD and IDT to be in serviced on weight management policy per RDCS (Regional Director of Clinical Services) by 1/7/23 see Attachment A. RD to review identified residents and make recommendations if indicated. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; RD and IDT team to be in serviced on weight management policy per RDCS by 1/7/23 see Attachment A. NAR meeting will be held weekly with residents being followed in NAR to have an order for weekly weights. Residents triggering/trending weight loss/gain will be reviewed with IDT weight review completed if indicated. Nutritional care plans will be reviewed and updated as indicated of residents being followed in NAR.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place;</p> <p>e Ongoing compliance with this corrective action will be monitored via facility QAPI program, with meetings being held monthly, and is overseen by the Executive Director.</p> <p>CQI tool identified as Nutrition/Hydration status maintenance (see Attachment B)</p>		

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	<p>130-136 pounds. The interventions included, but were not limited to, monitor intakes and weight changes.</p> <p>An admission nutrition note, dated 10/31/22 at 3:36 p.m., indicated the resident's weight was 125 pounds. The goal was to be free of chewing or swallowing difficulties and to maintain the weight.</p> <p>The following weights were recorded:</p> <ol style="list-style-type: none"> <li>1. On 10/26/22, the weight was 125 pounds.</li> <li>2. On 11/9/22, the weight was 124 pounds.</li> </ol> <p>There was no weight recorded for the month of December.</p> <p>When a weight for the month of December was requested, on 12/19/22 at 4:30 p.m., the following weights were provided:</p> <ol style="list-style-type: none"> <li>1. On 12/19/22 at 6:43 p.m., the weight was 106 pounds which was a 14.53% significant weight loss in 39 days.</li> <li>2. On 12/20/22 at 9:17 a.m., the weight was 103 pounds which was a 16.94% significant weight loss in 40 days.</li> </ol> <p>An IDT (interdisciplinary note), dated 12/20/22 at 8:59 a.m., indicated the resident's current weight was 106 pounds which was a 14.5% weight loss in 40 days. The root cause of the weight change was an overall decline in the resident's condition resulting in decreased food and fluid intake. The current nutritional goal was to have no significant weight changes, no chewing or swallowing difficulties, and to have a gradual weight gain to reach the usual body weight.</p> <p>During an interview, on 12/20/22 at 11:31 a.m., the DON indicated the person who did the weights did not get the resident's weights entered into the</p>				<p>will be completed weekly x 4 weeks, monthly times 6 months, and quarterly thereafter until compliance is achieved.</p> <p>If Threshold of 100% is not met, an action plan will be developed to ensure compliance.</p> <p>By what date the systemic changes will be completed; e</p> <p>Completion date: 1/7/23</p>		

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	<p>electronic health record. It would not be typical for a resident to go over a month without having a weight obtained.</p> <p>During an interview, on 12/20/22 at 12:22 p.m., the DON indicated the weights did not get completed for the resident until 12/19/22 when the surveyor had asked about the weight. She did not have a reason the weight was not completed prior to 12/19/22 or documented until 12/19/22.</p> <p>3. The record for Resident 46 was reviewed on 12/19/22 at 5:13 p.m. Diagnoses included, but were not limited to, dementia with behavioral disturbance, dysphagia, pneumonitis due to inhalation of food and vomit, type 2 diabetes, and lymphedema.</p> <p>A care plan, dated 7/7/22, indicated the resident was at risk for an altered nutritional status due to the diagnoses of diabetes, heart failure, and hypertension. The goal was for the resident to be free of significant weight changes. The approaches included, but were not limited to, monitor intakes and weight changes.</p> <p>A nutrition note, dated 11/18/22 at 5:04 p.m., indicated the resident's weight was 223 pounds. The resident had a trending weight loss. The resident would continue on NAR and weights would be monitored weekly for 4 weeks.</p> <p>The following weights were documented:</p> <ol style="list-style-type: none"> <li>1. On 9/7/22, the weight was 237 pounds.</li> <li>2. On 10/3/22, the weight was 223 pounds which was a 5.91% significant weight loss in less than one month.</li> <li>3. On 12/19/22, the weight was 215 pounds which was a 9.28% weight loss since 9/7/22 and a 3.59% weight loss since 10/3/22.</li> </ol>						

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	<p>There were no weekly weights documented after the RD nutrition note dated 11/18/22.</p> <p>During an interview, on 12/20/22 at 4:37 p.m., the DON indicated the weekly weights for 4 weeks as recommended by the RD were missed and were not documented.</p> <p>A current policy, titled "IDT Weight Review," dated as revised on 4/2018 and received from the DON on 12/20/22 at 4:37 p.m., indicated "...It is the policy of American Senior Communities to identify residents who are at nutritional risk or have had a significant weight change and be reviewed by the IDT to initiate appropriate interventions...Residents recommended for IDT Weight Review...New admissions and readmissions with nutritional concerns...Residents with continuous, gradual weight loss that has not triggered as significant...Resident with significant weight loss/gain...Residents with change of condition which has significantly affected appetite/intake or increases their risk for weight loss...IDT Documentation of Residents with Weight Loss or Nutritional Concerns to include...New interventions implemented...Intervention[s] will be communicated with direct care staff...Weight Review should be completed weekly...."</p> <p>A current policy, titled "Resident Weight Monitoring," dated as revised on 1/2016 and received from the DON on 12/20/22 at 4:15 p.m., indicated "...It is the policy of this facility to have resident weights reviewed routinely by the Registered Dietician and the Nursing Department. An interdisciplinary team will review any resident who has weight or nutritional concerns...The interdisciplinary team will place the following</p>						

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	<p>residents on weekly weights...New admission or readmission for a minimum of 4 weeks....Residents who may be at risk for weight loss but have not experienced a significant weight loss...Residents who experienced a significant weight loss or gain of 5% in 30 days, 7.5% in 90 days or 10% in 180 days...The IDT will discuss any resident with significant weight gain to determine the need for weekly weights...."</p> <p>3.1-46(a)(1)</p>						