

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

PRINTED: 02/06/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155564		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/18/2023	
NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 259 W HARRISON ST MOORESVILLE, IN 46158			
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00397985.</p> <p>Complaint IN00397985 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: January 11, 12, 13, 17, and 18, 2023</p> <p>Facility number: 000398 Provider number: 155564 AIM number: 100291110</p> <p>Census Bed Type: SNF/NF: 48 SNF: 12 Total: 60</p> <p>Census Payor Type: Medicare: 14 Medicaid: 38 Other: 8 Total: 60</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 24, 2023.</p>			F 0000	<p><i>Please accept this Plan of Correction for the Health Survey ending January 18, 2023 as the Provider's Letter of Credible Allegation of Compliance. This Provider respectfully requests consideration for paper compliance in lieu of a revisit survey for this Plan of Correction, with a completion date of 2/1/2023.</i></p>		
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Natalie Peterson

Executive Director

02/03/2023

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>comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on observation, interview, and record review, the facility failed to assess and monitor a resident for 72 hours after a fall for 1 of 3 residents reviewed for accidents. (Resident 10)</p> <p>Finding includes:</p> <p>During an interview on 1/12/23 at 10:30 a.m., Resident 10's family member indicated about a month ago Resident 10 fell and hit her head.</p> <p>On 1/13/23 at 10:51 a.m., Resident 10 was observed to be sitting up in her bed with her feet resting in her wheelchair.</p> <p>On 1/17/23 at 11:35 a.m., Resident 10 was observed to be sitting in her bed with her shoes on.</p> <p>On 1/17/23 at 10:44 a.m., Resident 10's clinical record was reviewed. The diagnoses included, but were not limited to, vascular dementia, Alzheimer's disease, repeated falls, and anxiety.</p> <p>The Significant Change Minimum Data Set (MDS) assessment, dated 12/13/22, indicated Resident 10 had severe impaired cognition and had one fall with no injury.</p> <p>The Nursing-Occurrence Initial Assessment, dated 12/18/22 at 3:04 a.m., indicated Resident 10 was found lying on the floor next to her bed. She indicated she was trying to empty her trash and slid off her bed onto the floor hitting her head.</p>			F 0684	<p><i>It is the policy of Miller's Merry Manor, Mooresville to ensure that all Residents are monitored for 72 hours following a fall with injury and 24 hours without injuries. Resident 10 fell on 12/18/2022, and new interventions were put in to place to prevent future falls. Resident 10 has had no further falls. All Residents will falls have been audited to ensure follow up assessments are completed for 72 hours after a fall.</i></p> <p><i>All residents have the potential to be affected by this deficient practice. All residents with falls in the last 7 days have been audited to ensure they were assessed for 72 hours following a fall.</i></p> <p><i>All licensed nursing staff were inserviced on 2/1/2023 on the Fall Management Policy and Procedure. Director of Nursing/Designee will monitor Residents will falls to ensure they are assessed and monitored for 72 hours after a fall with injuries and 24 hours without injuries. Annual Survey POC 1-18-23 Quality Assurance Tool (Attachment A) will be utilized</i></p>		02/01/2023

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	<p>She had a small abrasion to her right eyebrow.</p> <p>The Nursing-Occurrence Follow-Up Assessment, dated 12/22/22 at 1:15 a.m., indicated neurological and head to toe assessments were completed.</p> <p>The clinical record lacked Nursing-Occurrence Follow-Up documentation being completed every shift for 12/19/22, 12/20/22, or 12/21/22.</p> <p>The December 2022 progress notes lacked documentation of fall follow up.</p> <p>The Neurological Checklist dated 12/18/22 through 12/26/22 lacked documentation of vital signs and neurological assessments being completed on 12/18/22 at 1:15 p.m., 12/18/22 at 3:15 p.m., 12/18/22 at 5:15 p.m., 12/18/22 at 9:15 p.m., 12/19/22 at 1:15 a.m., 12/19/22 at 5:15 a.m., 12/20/22 at 9:15 a.m., and 12/20/22 at 5:15 p.m.</p> <p>During an interview on 1/18/23 at 11:07 a.m., the Director of Nursing (DON) indicated a fall with injury was followed-up every shift for 72 hour on a Nursing-Occurrence Follow-up.</p> <p>During an interview on 1/18/23 at 11:32 a.m., the DON indicated Resident 10's clinical record lacked documentation of 72 hour fall follow-up.</p> <p>During an interview on 1/18/23 at 12:15 p.m., the DON indicated the Neurological Checklist lacked documentation on 12/18/22 at 1:15 p.m., 12/18/22 at 3:15 p.m., 12/18/22 at 5:15 p.m., 12/18/22 at 9:15 p.m., 12/19/22 at 1:15 a.m., 12/19/22 at 5:15 a.m., 12/20/22 at 9:15 a.m., and 12/20/22 at 5:15 p.m.</p> <p>On 1/18/23 at 12:45 p.m., the DON provided the facility's policy, "Fall Management Procedure" dated 3/18/22, and indicated this was the policy</p>				<p><i>daily x4 weeks, weekly x4 weeks, monthly x3 months, and quarterly thereafter to ensure licensed nurses are assessing and monitoring all residents after a fall for at least 72 hours when injuries present and 24 hours when no injuries related to the fall.</i></p>		

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F 0686 SS=D Bldg. 00	<p>currently being used by the facility. A review of the policy did not provide how often fall follow-up should be completed.</p> <p>3.1-37(a)</p> <p>483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>Based on observation, interview, and record review, the facility failed to ensure treatment was provided to prevent the development of pressure ulcers which resulted in the development of a facility acquired stage 2 pressure ulcer (Resident 9) and an unstageable and infected pressure ulcer (Resident 7) for 2 of 5 residents reviewed for pressure ulcers.</p> <p>Findings include:</p> <p>1. During an interview on 1/12/23 at 11:52 a.m., Resident 7 was sitting in his wheelchair and indicated he had recently developed a pressure ulcer on his bottom. He indicated the staff wanted him to lay in the bed to get him off of his bottom,</p>			F 0686	<p><i>It is the policy of Miller's Merry Manor, Mooresville to ensure that all Residents receive treatment to prevent the development of pressure ulcers. Resident 7 was assessed for assist bars on 1/12/2023, and assist bars were put in place on 1/12/2023 for Resident 7 to aide in repositioning. Resident 7 has had no further pressure ulcers, and the pressure ulcer on his bottom has not worsened and is healing. Resident 9 received a low air loss alternating pressure mattress to his bed. Resident 9 has had no</i></p>		02/01/2023

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	<p>however, lying in the bed hurt his right leg which he could not move or bear any weight. Since he had no side rails, he could not easily move around in bed. He further indicated staff did not reposition him every 2 to 3 hours, rather in bed or up in his wheelchair. No side rails were observed to the resident's bed.</p> <p>On 1/13/23 at 10:17 a.m., Resident 7's clinical record was reviewed. The diagnoses included, but were not limited to, neuromuscular dysfunction of bladder, difficulty in walking, muscle weakness, incomplete paraplegia, arthropathy (joint disease), and peripheral vascular disease.</p> <p>On 1/7/23 the resident weighed 244 pounds, and was 6 foot and 2 inches tall.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated 11/7/22, indicated the resident had moderately impaired cognition, the resident required limited assistance of one staff with transfers, and he had lower extremity impairment on both sides. During the assessment look-behind period, the MDS indicated the resident was unsteady and only able to stabilize with human assistance with surface-to-surface transfers, and when moving on and off of the toilet.</p> <p>The resident's wound assessments indicated the following:</p> <p>- On 12/21/22, the resident developed an in-house stage 2 pressure ulcer which resulted from shearing. The wound measured 8 centimeters (cm) in length, 5 cm. in width, and had a depth of 0.1 cm. The assessment identified the resident was chairfast (the ability to walk was severely limited or non-existent) and he could not bear own weight and/or must be assisted into chair or wheelchair.</p>				<p><i>further pressure ulcers, and the current pressure ulcer has not worsened and is healing. All Residents at risk for pressure ulcers have been audited to ensure appropriate treatment is provided to prevent the development of a facility acquired pressure ulcer.</i></p> <p><i>All residents have the potential to be affected by this deficient practice. All residents at risk for pressure ulcers have been audited to ensure they are being turned and repositioned every 2hrs and appropriate treatment is in place. All licensed nursing staff were inserviced on 2/1/2023 on the Skin Management Program Policy and Procedure. Director of Nursing/Designee will monitor Residents at risk for pressure ulcers to ensure appropriate treatment is provided to prevent the development of a facility acquired pressure ulcer.</i></p> <p><i>Annual Survey POC 1-18-23 Quality Assurance Tool (Attachment A) will be utilized daily x4 weeks, weekly x4 weeks, monthly x3 months, and quarterly thereafter to ensure Residents identified to be at risk for pressure ulcers have treatment in place to prevent the development of in house acquired pressure ulcers.</i></p>		

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	<p>The resident required moderate to maximum assistance in moving, complete lifting without sliding against sheets was impossible, and he frequently slid down in the bed or chair and required frequent repositioning with maximum assistance.</p> <p>- On 12/27/22, the wound measured 9.5 cm in length, 6.5 cm in width, and had a depth of 0.1 cm. The wound was now a stage 3, with 25% slough, and had a foul odor.</p> <p>- On 1/3/23, the wound measured 13 cm in length, 6.5 cm in width, and had a depth of 0.1 cm.</p> <p>- On 1/10/23, the wound measured 11 cm in length, 5 cm in width, and had a depth of 0 cm. The wound was now unstageable, with 100% slough.</p> <p>- On 1/17/23, the wound measured 10 cm in length, 6 cm in width, and had a depth of 0.1 cm.</p> <p>- On 1/17/23, the resident developed 3 new, in-house, pressure ulcers on his left upper thigh. The first fluid-filled blister measured 2 cm in length, 2 cm. in width, and had no depth. The second fluid-filled blister measured 1 cm in length, 1 cm in width, and had no depth. The third fluid-filled blister measured 1.6 cm in length, 2.3 cm in width, and had no depth.</p> <p>The resident's progress notes indicated the following:</p> <p>- On 12/21/22 at 3:25 p.m., the resident developed an in-house pressure ulcer to his right buttocks. The facility was to obtain a slider sheet since the resident frequently needed to be pulled up higher in the bed due to sliding down in the bed.</p>						

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	<p>- On 12/28/22 at 4:37 p.m., a new order for Clindamycin 300 milligrams (mg) was placed due to the buttocks wound.</p> <p>- On 1/3/23 at 10:51 a.m., the resident's pressure ulcer was not healing.</p> <p>- On 1/10/23 at 10:09 a.m., the resident's pressure ulcer was not healing.</p> <p>The resident's physician orders indicated the following:</p> <p>- On 12/21/22 at 1:30 p.m., the pressure wound treatment was to clean buttocks with normal saline, apply collagen powder, and cover with Mepilex (foam dressing that absorbs exudate and maintains a moist wound environment) every 2 days. The order was discontinued on 1/3/23.</p> <p>- On 12/28/22 at 1:15 p.m., the resident was ordered Clindamycin (an antibiotic medication) 300 mg, three times a day, for 7 days, for the buttocks wound.</p> <p>- On 1/3/23 11:15 a.m., the pressure wound treatment was to clean buttocks with normal saline, apply Exufiber (an absorbent sterile dressing), cover with dry dressing, and change every 2 days.</p> <p>- On 1/18/23 at 11:15 a.m., the pressure wound treatment was changed add collagen powder to the Exufiber dressing changes. The order was now for daily dressing changes.</p> <p>The resident's care plan's indicated the following:</p> <p>- On 10/10/22, the resident was identified to be at risk for pressure ulcers. He required up to</p>						

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	<p>extensive assistance with bed mobility due to weakness related to his diagnosis of incomplete paralysis of lower limbs. An intervention included for staff to document any encouraged/assisted to turn/reposition every 2-3 hour to prevent pressure ulcers.</p> <p>- On 10/11/22, the resident was identified to be at risk for falls. He required up to extensive staff assistance with transfers related to his diagnosis of incomplete paralysis of bilateral lower extremities (BLE). The interventions did not identify how the resident should be transferred.</p> <p>- On 10/11/22 the resident was identified as needing assistance with ADLs (activities of daily living). He required up to total assistance with ADL's (including bed mobility and transfers) due to his diagnosis of incomplete paralysis of BLE and muscle weakness. The interventions did not identify how the resident should be transferred.</p> <p>- On 12/21/22, the resident developed a pressure ulcer on his right buttocks. He needed to be pulled up in the bed often from sliding down, and he could not lift body weight to assist staff. The resident was encouraged to turn and reposition every 2 hours.</p> <p>The resident's December through January turn sheets indicated staff documented on turning/repositioning every shift (three times a day). There was no other documentation related to staff turning or repositioning the resident.</p> <p>During an observation on 1/18/23 at 10:15 a.m., CNA (Certified Nurse Aide) 1 and BNA (Basic Nurse Aide) 1 were observed mid transfer of the resident from his bed. The CNAs instructed the resident to help with the transfer, however, the</p>						



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	<p>resident was screaming loudly in pain and indicated he could not help with the transfer. After a rapid drop to the bed, the resident was observed laying with half of his bottom off of the side of the bed, he was breathing heavily, and showed signs of distress. His pants were below his briefs, exposing his supra pubic catheter and tubing, 3 dark purple fluid-filled blisters to his upper thigh, and his catheter site entrance had bright red blood around the naval tubing. The CNAs indicated they needed extra help, and CNA 1 was observed to leave the room to get additional staff. The resident indicated he could not do the transfer because he could not use his legs. BNA 1 indicated she did not know what caused the blisters and thought it might have been due to his catheter tubing position on his leg.</p> <p>On 1/18/23 at 10:21 a.m., a large, irregular-shaped, tunneling wound with slough (necrotic tissue that needs to be removed from the wound for healing to take place) was observed on the resident's right buttock. The left buttock was observed to be reddened. RN 1 indicated the wound was not improving.</p> <p>During an interview on 1/18/23 at 11:23 a.m., CNA 1 indicated she did not know if he was normally a manual transfer because she did not normally work that hall. He should be turned or repositioned every 2 hours.</p> <p>During an interview on 1/18/23 at 12:08 p.m., the resident indicated frustration with how staff transfer him. Last night he was dropped in his bed during a manual transfer. He indicated that staff would sometimes use the mechanical lift with him, but not often. He would like to try a slide-board for transfers since he could not use his legs.</p>						

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	<p>During an interview on 1/18/23 at 10:38 a.m. the Director of Nursing (DON) indicated she was the wound nurse for the facility. The resident's buttocks wound now had tunneling and it developed due to shearing when staff transferred him. She was still investigating the incident related to the resident's transfer last night.2. On 1/12/23 from 9:30 a.m. until 12:07 p.m., Resident 9 was observed lying on his back in his bed with the head of his bed raised at an approximate angle of 45 degrees. His lower body was in full contact with the mattress. During an interview at 11:47 a.m., the resident indicated he had been lying in the same position as long as he could recall. He wished to reposition off of his bottom, but when he tried to do so himself he slid on the wound on his left buttock. He would have used his call light button, but staff took too long to get to him.</p> <p>On 1/13/22 from 9:40 a.m. until 12:16 p.m., Resident 9 was observed lying on his back in his bed with the head of the bed raised at an approximate angle of 45 degrees. His lower body was in full contact with the mattress. Certified Nurse Aide (CNA) 2 was observed entering the room at 10:40 a.m. to attend to the resident's roommate until 10:45 a.m. There was no interaction between CNA 2 and Resident 9. During an interview at 10:48 a.m., the resident indicated staff repositioned him that morning around 8:30 a.m. but had not come in to do so for a long time. He could not wait for them because of the pain he had in his left hip and he tried to move himself in the bed, sliding on the wound on his left buttock. He believed the dressing they put on his wound came off whenever he moved himself in bed.</p> <p>On 1/17/23 from 9:10 a.m. until 11:20 a.m., Resident 9 was observed lying on his back in his bed with the head of the bed raised at an approximate angle</p>						

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	<p>of 45 degrees. His lower body was in full contact with the mattress.</p> <p>On 1/17/23 at 11:32 a.m., the Director of Nursing (DON) was observed performing a dressing change for a pressure ulcer on the left buttock of the resident. There was no prior dressing on the wound to remove during the observation. The skin at the resident's coccyx (a small triangular bone at the base of the spinal column) area was intact and appeared reddened in color. During an interview at that time, the DON indicated the previous dressing may have come off when the resident attempted to reposition himself.</p> <p>During an interview on 1/18/23 at 10:43 a.m., CNA 1 indicated staff were to encourage or assist residents at risk for pressure sores every 2 to 3 hours. They documented this was done each shift, but not necessarily each individual time the resident was repositioned.</p> <p>During an interview on 1/18/23 at 11:52 p.m., The DON indicated the resident was able to move himself in his bed and did not always wait or call for assistance to be repositioned. Residents at risk for pressure ulcers were to be repositioned every 2 to 3 hours.</p> <p>On 1/17/23 at 11:50 a.m., Resident 9's clinical record was reviewed. The diagnoses included, but were not limited to, chronic obstructive pulmonary disease, anxiety disorder, insomnia, and muscle weakness.</p> <p>The Quarterly MDS assessment, dated 11/16/22, indicated the resident was cognitively intact, at risk for developing pressure ulcers, and required the extensive physical assistance of 1 person for bed mobility.</p>						

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F 0692 SS=D Bldg. 00	<p>A pressure injury assessment, dated 1/5/23, indicated the resident had developed a stage 2 pressure ulcer measuring 1.8 cm long by 1.2 cm wide, and 0.1 cm deep on his left buttock while a resident of the facility.</p> <p>A physician's order, dated 1/5/23 indicated the resident's wound was to be treated every 2 days by cleaning the left buttock with normal saline, applying collagen powder and covering with mepitel one (a see thru dressing).</p> <p>A skin risk care plan, initiated on 5/10/22 indicated, "Document encouraged/assisted to turn/reposition every 2-3 hr to prevent pressure injuries."</p> <p>On 1/18/23 at 12:35 p.m., the DON provided the policy, "Skin Management Program," dated 8/14/14, and indicated it was the policy currently being used by the facility. A review of the policy indicated, "... E. REPOSITIONING FOR THE PREVENTION OF PRESSURE ULCERS: ... II ... In general, every 2 hours will be the minimum for repositioning the resident. III ... If the resident is not responding as expected to the repositioning schedule, reconsider the frequency and method of repositioning. IV. Lift - don't drag the resident when repositioning. ..."</p> <p>3.1-40(a)(1)</p> <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>						

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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 identify and respond to an assessed weight loss and failed to implement interventions for 1 of 1 resident reviewed for nutrition. (Resident 217)</p> <p>Finding includes:</p> <p>During an interview on 1/12/23 at 1:59 p.m., Resident 217 indicated she had lost weight since her admission to the facility but she hadn't had much of an appetite since being in the hospital and hadn't been eating very much. She did drink an Ensure at times.</p> <p>Resident 217's clinical record was reviewed on 1/17/23 at 2:00 p.m. The diagnoses included, but were not limited to, diverticulitis of the small intestine with perforation and abscess without bleeding and ileostomy (an opening in the abdominal wall). The resident admitted to the facility on 1/3/23.</p>			F 0692	<p><i>It is the policy of Miller's Merry Manor, Mooresville to identify and respond to an assessed weight loss and implement interventions. Resident 217's nutritional plan of care was updated to include super pudding with lunch and dinner, and cream of wheat at breakfast per resident request. All residents with the potential for weight loss have been audited to ensure appropriate interventions are in place.</i></p> <p><i>All residents with an identified weight loss have the potential to be affected by this deficient practice. All residents with an identified weight loss have been audited to ensure interventions are in place for a weight loss.</i></p> <p><i>All licensed nursing staff and participants of weekly weight management meetings were</i></p>		02/01/2023

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	<p>Physician orders, dated 1/18/23, for Resident 217 indicated, "... Diet: regular, low fiber and Ensure 257 ml [milliliters] with meals for poor appetite. The start date of the Ensure was 1/7/2023 ..."</p> <p>A care plan, initiated on 1/4/23, with a target date of 4/4/23, for Resident 217 indicated, "... FOCUS: Nutritional risk. I am at nutritional risk related to: BMI [body mass index], I do not drink a minimum of 1500 ml fluids daily. Potential for weight fluctuations related to fluid shifts. I eat only 2 meals a day most of time at home. I am particular about what I eat. Varied intakes of meals. Edema in lower extremities. Potential for weight fluctuations related to fluid shifts ... GOAL: I will consume meals of foods and beverages that I select to maintain weight. I will have no significant weight loss of 5% or greater in 1 month ... INTERVENTIONS: ... Diet is served as ordered, snacks are available to me between meals upon request, offer replacement for foods not consumed ... monitor weights and intakes ... oral pharmaceutical supplements as ordered ... provide with bedtime snack ... monitor labs ... notify physician and resident representative of significant weight changes ..."</p> <p>Resident 217's weights indicated the following:</p> <ul style="list-style-type: none"> <li>- On 1/4/23, the resident weighed 162 pounds.</li> <li>- On 1/12/23, the resident weighed 140 pounds.</li> <li>- On 1/15/23, the resident weighed 139.2 pounds.</li> </ul> <p>This was an assessed 14.07% severe weight loss in 11 days.</p> <p>The Dietary Full Review, dated, 1/11/23 at 3:59 p.m., for Resident 217 indicated " ... Does resident receive dietary provided nutritional supplements, No ... Weight changes ... new admission and no weight trend identified yet ... Goal: I will have no</p>				<p><i>inserviced on 2/1/2023 on the Weight Management Program Policy and Procedure. Director of Nursing/Designee will monitor residents with an assessed weight loss weekly to ensure interventions are implemented. Annual Survey POC 1-18-23 Quality Assurance Tool (Attachment A) will be utilized daily x4 weeks, weekly x4 weeks, monthly x3 months, and quarterly thereafter to ensure residents with an assessed weight loss have appropriate interventions in place.</i></p>		

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	<p>significant weight loss of 5% or greater in 1 month ... Recommendations, No ..."</p> <p>The clinical record for Resident 217 lacked documentation of an assessment or implementation of a nutritional intervention after the residents was noted to have a significant weight loss since admission.</p> <p>During an observation on 1/17/23 at 12:27 p.m., Resident 217 was observed to have a bowl of mashed potatoes and gravy and a bowl of yogurt. Resident indicated at that time she couldn't eat anything else on the menu that day and no one had offered her a substitute. She thought she might try a hamburger.</p> <p>During an interview on 1/17/23 at 12:30 p.m., Licensed Practical Nurse (LPN) 1 indicated she would order Resident 217 a hamburger.</p> <p>During an interview on 1/17/23 at 2:31 p.m., Resident 217 indicated she ate 3/4 of the hamburger and it was really good.</p> <p>During an interview on 1/18/23 at 10:10 a.m., the Dietician indicated she relies on the facility to let her know when a resident has lost weight because she doesn't look at the weights everyday. The Interdisciplinary Team (IDT) should have met on 1/13/2023, and would have discussed Resident 217's weight loss but they did not meet that day due to the Department of Health being in the facility. The resident was ordered Ensure on 1/7/23, and she does drink it.</p> <p>During an interview on 1/18/23 at 10:25 a.m., the Director of Nursing (DON) indicated they weigh new admissions weekly for four weeks to establish a baseline. After 1 month they will</p>						

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	<p>address any weight loss in the IDT meeting. They run a report once a month before the meeting. Resident 217 would not have triggered in the weekly meeting because it had not been a month since she had been admitted.</p> <p>On 1/18/23 at 10:34 a.m., the Director of Nursing provided the facility's policy, "Weight Management Program" dated, 12/13/19, and indicated it was the policy currently being used by the facility. A review of the policy indicated, "... A. ... New Admissions will be weighed weekly X 4 weeks to establish a baseline weight ... G. Resident experiencing unplanned weight change will be assessed for interventions ..."</p> <p>3.1-46(a)(1)</p>						