

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345490	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2016
NAME OF PROVIDER OR SUPPLIER AYDEN COURT NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 128 SNOW HILL ROAD AYDEN, NC 28513	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS There were no deficiencies cited as a result of this complaint investigation survey of 05/19/16. Event ID#GI9K11.	F 000		
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (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 (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, and record review the facility failed to implement a physician order to prevent further weight loss for 1 of 3 sampled residents (Resident #18) reviewed for nutritional status. Findings included: Resident #18 was admitted to the facility on 03/03/16 and readmitted on 04/01/16, 04/25/16, and 05/05/16. The resident's documented diagnoses included diabetes, hypertension, hyperlipidemia, anemia, diverticulosis, sacral pressure ulcer, and chronic kidney disease. The resident's Weight Summary documented she weighed 147.5 pounds on 03/03/16, 152.5	F 325	Ayden Court acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings in factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Ayden Court response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Ayden Court reserves the right to	6/13/16

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

TITLE

(X6) DATE

Electronically Signed

06/01/2016

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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F 325	<p>Continued From page 1</p> <p>pounds on 03/13/16, 153 pounds on 03/15/16, 154 pounds on 03/16/16 and 03/17/16, 155.7 pounds on 03/20/16, 157 pounds on 03/21/16, 157.5 pounds on 03/22/16, 161 pounds on 03/23/16, and 153.5 pounds on 04/04/16.</p> <p>On 04/06/16 "State of nourishment, less than body requirement characterized by: inadequate intake, decreased appetite related to: being on a therapeutic diet. Leaves 25% or more of food uneaten at most meals" was identified as a problem in the resident's care plan. Interventions to this problem included "diet as ordered" and "refer to dietitian for for evaluation/recommendations".</p> <p>The resident's Weight Summary documented she weighed 151 pounds on 04/07/16.</p> <p>Resident #18's 04/08/16 admission minimum data set (MDS) documented her cognition was intact, she could feed herself with tray set-up only, she had no swallowing disorder, she was 65 inches tall, she weighed 154 lbs, her weight was stable, and she was receiving a therapeutic diet.</p> <p>The resident's Weight Summary documented she weighed 147 pounds on 04/12/16, 144.5 pounds on 04/13/16, 143 pounds on 04/14/16, 144 pounds on 04/16/16, 143.5 pounds on 04/17/16, 142.5 pounds on 04/18/16, 122.5 pounds on 04/25/16 and 04/26/16, 124 pounds on 04/27/16, 124.5 pounds on 04/28/16, and 121 pounds on 05/01/16.</p> <p>On 05/02/16 Resident #18's care plan was revised to reflect, "State of nourishment, less than body requirement characterized by: 5% weight loss x 30 days. Inadequate intake, decreased</p>	F 325	<p>refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution , formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>Resident #18's tray card was corrected to ensure mechanical soft diet and Magic Cups at meals.</p> <p>A 100% audit of all resident physician ordered diets was conducted by Director of Nursing, Staff Facilitator, and MDS nurse comparing actual physician orders to dietary tray cards to ensure correct diet and supplements are being served. All inconsistencies were immediately corrected by the facility consultant and administrator. Audit and corrections completed on 5/18/16.</p> <p>All licensed nurses to include agency nurses were inserviced beginning on 5/18/16 by the Staff Facilitator and Director of Nursing that when an order is received for a diet change or new order to include diet type, texture, and supplements, a diet order slip must be completed and delivered to the dietary department in a timely manner to ensure the diet change is completed. All newly hired licensed nurses and agency nurses will be inserviced by the staff facilitator during orientation that when an order is received for a diet change or new order to include diet type, texture, and supplements, a diet order slip must be completed and delivered to the dietary department in a timely manner to ensure</p>		

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F 325	<p>Continued From page 2</p> <p>appetite related to: being on a therapeutic diet. Leaves 25% or more of food uneaten at most meals" as a problem. Interventions to this problem included "diet as ordered" and "refer to dietitian for for evaluation/recommendations".</p> <p>The resident's Weight Summary documented she weighed 114.1 pounds on 05/05/16.</p> <p>Review of physician orders revealed Resident #18 was readmitted to the facility from the hospital on 05/05/16 receiving a puree no-added salt (NAS), no-concentrated sweets (NCS) diet.</p> <p>The resident's Weight Summary documented she weighed 113.5 pounds on 05/06/16.</p> <p>A 5/10/16 5:34 PM quality improvement (QI) progress note documented, "Weight review completed for week ending 05/08/16. Recent re-entry following hospitalization for heart failure and CHF (congestive heart failure)....Diet : NCS puree, HS (night) snack, 1900 milliliter (mL) fluid restriction. PO (by mouth) intake 0 - 50% per staff. Diuretic therapy in place daily with potential for weight fluctuations r/t (in regard to) fluid imbalance/chronic kidney disease/heart failure. Weight 114.1 pounds on 05/05/16, a significant weight loss from previous admit of 142.5 pounds. A 10 pound weight loss x 1 week. Weight loss likely related to recent hospitalization and continued poor po intake on pureed diet....Action: ...Daily weights to monitor CHF....Referred back to ST (speech therapy) and upgraded to mechanical soft to improve po intake and stop weight loss. ST reports improved po intake on upgraded diet. No reports of n/v (nausea/vomiting) or GI (gastrointestinal) upset. Magic cup added TID (three times daily) with</p>	F 325	<p>the diet change is completed. The interim dietary manager and Administrator were inserviced by the facility consultant on 5/25/16 on the need to ensure that diets are correctly entered into the PCC Tray Card system when dietary slips are received. All new dietary management personnel will be inserviced by the staff facilitator during orientation on the need to ensure that diets are correctly entered into the PCC Tray Card system when dietary slips are received.</p> <p>When a dietary slip is received from the nursing department that indicates a change in a resident's diet, the Dietary Manager or designee will update the PCC Tray Card system to indicate resident's current physician ordered diet. The Director of Nursing, Administrator, or designee will review all new physician's orders and diet slips and compare to PCC Tray Card diet cards to ensure correct diet is being provided to the resident using a QI Diet Order Monitoring Tool weekly x 4 weeks then monthly x 2 months. Reeducation will be immediately provided by the Staff Facilitator or designee for any identified areas of concern. The Administrator will review the Diet Order Monitoring Tool weekly x 4 weeks then monthly x 2 months to ensure complete and any concerns were addressed.</p> <p>The results of the Diet Order Monitoring Tool will be compiled by the Administrator and presented to the Quality Improvement Committee monthly x 3 months. Identification of trends will determine the</p>		

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F 325	<p>Continued From page 3 meals...."</p> <p>A 05/10/16 physician order changed Resident #18's diet consistency to mechanical soft, continued her HS snack, and initiated a Magic Cup TID with meals.</p> <p>The resident's Weight Summary documented she weighed 115 pounds on 05/11/16, 113.5 pounds on 05/12/16, 114 pounds on 05/15/16, and 115 pounds on 05/16/16.</p> <p>At 10:18 AM on 05/17/16 Resident #18 stated she did not care for the food in the facility because when she received her foods they were liquefied. She reported as a result she did not have much appetite.</p> <p>At 5:42 PM on 05/17/16 Resident #18 was eating supper in her room. The food on the resident's tray was pureed and there was no Magic Cup present. The resident's tray slip documented she was on a puree diet, and was not receiving any nutritional supplements with her meals.</p> <p>At 8:42 AM on 05/18/16 Resident #18 was eating breakfast in her room. The food on the resident's tray was pureed and there was no Magic Cup present. The resident's tray slip documented she was on a puree diet, and was not receiving any nutritional supplements with her meals.</p> <p>At 1:12 PM on 05/18/16 Resident #18 stated she liked ice cream and sherbet, but was not sure she can have it because she has receiving liquefied food.</p> <p>At 1:15 PM on 05/18/16 Resident #18 received her lunch tray in her room. The food on the</p>	F 325	<p>need for further action and/or change in frequency of required monitoring.</p>		

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F 325	<p>Continued From page 4</p> <p>resident's tray was pureed and there was no Magic Cup present. The resident's tray slip documented she was on a puree diet, and was not receiving any nutritional supplements with her meals.</p> <p>At 1:17 PM on 05/18/16 the director of nursing (DON) stated ST had been working with Resident #18 to change her diet to mechanical soft consistency. She reported the resident was doing well on this new texture so she was unsure why the resident's tray slip still identified her diet prescription as puree and the kitchen was still sending puree food out to the resident. After reviewing the 05/10/16 physician order for Resident #18, she also commented the resident should have been receiving Magic Cups with all her meals. However, she explained there would not have been a way for the dietary staff working the trayline in the kitchen to know about the Magic Cups since they were no documented on the resident's tray slips.</p> <p>At 2:30 PM on 05/18/16 the administrator stated the nurse who wrote Resident #18's 05/10/16 phone order should have also completed a diet order slip which was forwarded to the dietary department where the change was entered into the electronic tray card system.</p> <p>At 4:25 PM on 05/18/16 the administrator reported the white copy of the 05/10/16 diet order slip which changed Resident #18's diet to mechanical soft and initiated Magic Cups at meals was filed in the resident's dietary file, but had not been entered into the computer.</p> <p>At 10:48 AM on 05/19/16 the facility's speech therapist stated when Resident #18 came back</p>	F 325			

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F 325	Continued From page 5 from the hospital on 05/05/16 the hospital had not placed any consistency restrictions on the resident's diet. However, she stated the resident was continued on the puree diet she was receiving prior to going out to the hospital. According to the speech therapist, she cleared the resident for a mechanical soft diet after the direct care staff reported to her that the resident continued to lose weight because she would not eat pureed food. The therapist commented Resident #18 tolerated mechanical soft without problems, and was the diet consistency which Resident #18 was supposed to be currently receiving.	F 325			