

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

PRINTED: 10/01/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345054	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/29/2019
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NAME OF PROVIDER OR SUPPLIER WOODHAVEN NURS & ALZHEIMER'S C	STREET ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE LUMBERTON, NC 28358
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E 000	Initial Comments An unannounced recertification/complaint suvey was conducted on 08/26/19 through 08/29/19. The facility was found in compliance with the required CFR 483.73, Emergency Preparedness. Event ID# 3P5911.	E 000		
F 000	INITIAL COMMENTS A recertification/complaint investigatin survey was conducted, and 1 of 1 complaint allegations was substantiated without deficiency.	F 000		
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §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 resident's comprehensive assessment, the facility must ensure that a resident- §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; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record	F 692	1. The Residents diet order has been	9/10/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/09/2019
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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 692	<p>Continued From page 1</p> <p>review the facility failed to provide 1 of 2 sampled residents (Resident #58) reviewed for nutrition with the nutritional supplements recommended by the facility's registered dietitian (RD). Findings included:</p> <p>Resident #58 was admitted to the facility on 01/04/19. His documented diagnoses included diabetes, chronic kidney disease stage III, history of cerebrovascular accident, hypertension, and vitamin D deficiency.</p> <p>Resident #58's weight record documented he weighed 157 pounds on 05/08/19 and 146 pounds on 05/22/19.</p> <p>A 06/17/19 physician order initiated 2 cal high nitrogen (HN) liquid nutritional supplement for Resident #58 three times daily (TID) and nightly before bed.</p> <p>Resident #58's weight record documented he weighed 147 pounds and 9 ounces on 06/21/19 and 144 pounds and 3.2 ounces on 06/27/19.</p> <p>The resident's 07/02/19 quarterly minimum data set (MDS) documented his cognition was moderately impaired, he exhibited no behaviors including resistance to care, he required extensive assistance from a staff member with eating, he was 66 inches tall and weighed 144 pounds, the resident experienced significant unplanned weight loss, and the resident was on a mechanically altered and therapeutic diet.</p> <p>In a 07/08/19 progress note the dietary manager (DM) documented, "...Regular Chopped Meats diet with diabetic nutrition and no known food allergies. Resident could be at risk for potential</p>	F 692	<p>corrected in the electronic medical record. All Residents had the potential of being affected. The root cause analysis for this deficiency is human error when the dietician wrote one thing in her recommendations, but failed to put it in the order. There was also lack of communication between the dietician and the Dietary Manager. Also, there was not a process in place to ensure diets are correct once she does her assessments of the residents.</p> <p>2. All other diet orders for the other residents have been checked for accuracy.</p> <p>3. The Dietician is giving a written copy of her findings and new orders to the nurse managers and the dietary manager so there can be a double check to ensure the orders have been entered correctly. Education is being done with the nursing assistants to ensure dietary supplement percentages taken by the resident are being documented in the medical record.</p> <p>4. This has been added to the facility QA program and QAPI to ensure continuous compliance. The facility will monitor it weekly times four weeks then monthly if 100% compliance is achieved. The auditing will be performed by Joyce Ransom RN or Barbara Collins RN.</p>		

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F 692	<p>Continued From page 2</p> <p>weight loss due to therapeutic diet in place. Resident has no natural teeth and used denture at home. No skin breakdown. No chewing/swallowing concerns. Receiving 2 cal HN. Resident requires full assist with meals and does not require any adaptive equipment for feedings. Flowsheets during chart review indicate resident safely consumes 75 - 100% of meals and at least 240 (milliliters) of fluids per meal on regular basis. Weight stable the past 90 days with previous weights of 147, 146, and 148. All food preferences are being honored. Will continue to monitor on a regular basis in order to discuss any trends or changes as needed."</p> <p>In a 07/16/19 progress note the facility's RD documented, "...Significant downward weight trend over six months, although weight has been relatively stable since February after an initial weight loss. Diabetic diet with chop meat. Glucerna TID. Intake 50 - 100%. Doesn't take Glucerna very often but likes ice cream. Tolerating diet, in healthy (body mass index) range, assisted with meals by staff. Medications, notes, and labs reviewed. Nursing stated resident really doesn't like much to eat at breakfast, but he tends to eat better at lunch. Recommend: (discontinue) Glucerna TID due to poor acceptance. Keep Glucerna once daily at dinner. Give SF (sugar-free) Magic Cup TID. Weekly weights."</p> <p>Review of the 07/16/19 order entered by the facility's RD into the facility's electronic medical record revealed she captured that Resident #58 was to receive "diabetic oral supplement TID with meals" and "Glucerna 240 cc (cubic centimeters)daily with supper." Under Comments she had documented, "Likes lime ice cream when</p>	F 692			

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F 692	<p>Continued From page 3 available."</p> <p>Resident #58's care plan (CP), last updated on 07/16/19 documented, "(Resident #58) is currently receiving a regular diabetic chopped meat diet with Glucerna three times daily with meals. Current weight is 144 pounds on 06/27/19. Requires assistance with feeding with level of assistance varying. Consumes 75 - 100 % of meals. No reports of chewing or swallowing deficits. Is edentulous with full dentures but does not wear." Interventions to this problem included, "Provide and serve diet as ordered by physician" and "Provide and serve supplements as ordered by physician. "</p> <p>Resident #58's weight record documented he weighed 139 pounds on 07/22/19 and 07/31/19 and 132 pounds and 1.6 ounces on 08/21/19.</p> <p>On 08/28/19 at 12:40 PM Resident #58 had eight ounces of Glucerna on his lunch tray, and no Magic Cup was served to the resident.</p> <p>On 08/29/19 at 8:18 AM Resident #58 had eight ounces of Glucerna on his breakfast tray, and no Magic Cup was served to the resident.</p> <p>On 08/29/19 at 9:02 AM Resident #58 stated he liked ice cream, and the drink he got with his meals was "okay". However, he was unable to articulate a preference for one or the other as his supplement of choice.</p> <p>On 08/29/19 at 9:07 AM medical record review revealed nursing assistants (NAs) were not documenting the percent of nutritional supplement consumed by Resident #58.</p>	F 692			

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F 692	<p>Continued From page 4</p> <p>On 08/29/19 at 9:10 AM the assistant director of nursing (ADON) stated the NAs were supposed to document the percent of supplement taken by the resident, but it appeared this was not being done.</p> <p>During a telephone interview with the facility's RD on 08/29/19 at 9:30 AM she stated per his wishes Resident #58 was supposed to be receiving SF Magic Cups with all meals and Glucerna with his supper meals. She reported during her assessment of Resident #58 on 07/16/19 he revealed to her that he was getting tired of the Glucerna, and staff reported he was not drinking it well. She commented since the resident expressed that he enjoyed ice cream very much she discussed with him the possibility of receiving Magic Cups with his meals instead of the Glucerna. The RD stated the resident was happy with this plan. According to the RD, she documented on her recommendation sheet that Resident #58 was to start receiving SF Magic Cups at all meals, but she may have not selected the best option for inputting the order into the electronic medical record system. She explained that there may have been another selection beside oral diabetic supplements that would have allowed her to specify Magic Cups with meals. The RD commented she thought if she had selected regular diabetic supplements then a drop down box or selections would have appeared, and she could have specified Magic Cups. The RD stated Resident #58 was supposed to be receiving SF Magic Cups on his breakfast, lunch, and supper trays. She also reported documenting the amount of supplement consumed in the electronic medical record was important because it allowed her to decide if her nutritional recommendations were effective.</p>	F 692			

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F 692	Continued From page 5 Review of the RD's 07/16/19 recommendation sheet revealed she documented Resident #58 was to receive SF Magic Cups TID with all meals and Glucerna with only the supper meals. During an interview with the DM on 08/29/19 at 10:10 AM he stated he was going by the order in the medical record when supplying Resident #58 with Glucerna on his breakfast, lunch, and supper trays. He reported he realized the RD had specified SF Magic Cups TID with meals on her recommendation sheet, but when he saw "oral diabetic supplement" in the orders, he assumed he was to continue supplying Resident #58 with Glucerna at all meals. During an interview with NA #1 on 08/29/19 at 10:18 AM she stated she thought Resident #58's intake of Glucerna was "okay", but she she was not sure. She reported NAs were supposed to document the intake of nutritional supplements in the electronic medical record so the RD could judge whether the residents liked them and were consuming them. On 08/29/19 at 10:47 AM the ADON stated Resident #58 was weighed, and was back up to 139 pounds. She reported the resident received a nutritional supplement at all meals although it was not the one the RD and the resident had decided on. She commented that in-servicing was needed to make sure staff were documenting the amount of nutritional supplement consumed and to make sure all staff knew how to effectively and accurately input orders into the facility's electronic medical record.	F 692			