| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 345507 | A. BUILDING _____ B. WING _____ | C 11/23/2016 |

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| AUTUMN CARE OF MYRTLE GROVE | 5725 CAROLINA BEACH ROAD WILMINGTON, NC 28412 |

| (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 |
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| F 312 SS=D | 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS<br><br>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review and staff interviews the facility failed to rinse the soap from a residents' body after bathing for 1 of 1 sampled residents (Resident #4). Findings included:<br>Resident #4's 5 day Minimum Data Set (MDS) dated 11/12/16 revealed she was readmitted to the facility on 11/05/16 with diagnoses of non-Alzheimer's dementia, depression, and muscle weakness. Resident #4 was severely cognitively impaired and was totally dependent on two people for bathing.<br>In an observation of bathing on 11/22/16 at 11:14 AM Nursing Assistant (NA) #1 provided privacy for Resident #4. A basin of visibly soapy and sudsy water was brought to the bedside. Another staff member came to the room to assist with the bath. Washcloths dipped in the soapy and sudsy water were used by NA #1 to provide a complete bed bath for Resident #4. After bathing Resident #4, NA #1 patted Resident #4's skin dry without rinsing the soap from her body.<br>Immediately following the bath the directions for the body wash used for Resident #4's bath were reviewed. The directions revealed: "For daily use in shower or bath, squeeze desired amount of product onto wet cloth or cleansing pouf. Work into a lather, rinse off."<br>In an interview on 11/22/16 at 11:50 AM NA #1 | F 312 | 1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.<br>1a. Head to toe skin assessment was completed on 11/24/16 for the affected resident.<br><br>2. Address how corrective action will be accomplished for those residents having potential to be affected by the deficient practice.<br>2a. Residents residing in the facility at time of the deficient practice will be considered as having the potential to have been affected.<br>2b. 100% in-service started on 11/22/16 for clinical and therapy staff on Personal AM care, Bed Baths, Care of Dentures, Dressing a Resident, Feeding a Resident Requiring Total Assistance, Nail Care, Offering of the Bedpan, Oral Hygiene and Perineal Care which will be completed by 12/02/2016.<br>2c. Any Identified residents not receiving Personal AM Care will be communicated to the Administrator for further guidance. | 12/2/16 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/01/2016

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| F 312 | Continued From page 1<br>stated she should have rinsed the soap from Resident #4's body prior to patting her dry. She indicated that not rinsing the soap from Resident #4's skin could cause irritation, dry skin, or redness.<br>In an interview on 11/23/16 at 4:06 PM the Director of Nursing (DON) stated it was her expectation that soap would be rinsed from a resident's body during a bath. She indicated that not rinsing the soap could cause irritation, itching, or redness. | F 312 | 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur.<br>3a. On, 11/28/16 the Administrator provided written guidance to the DON/ADON/Unit Manager/Resource Nurse/Supervisor's on correct process of Personal AM Care, Bed Baths, Care of Dentures, Dressing a Resident, Feeding a Resident Requiring Total Assistance, Nail Care, Offering of the Bedpan, Oral Hygiene and Perineal care in maintaining and determining the root cause of any negative outcomes which were addressed.<br>3b. In-service on existing policies will be conducted to all Clinical and Therapy staff by 12/02/16.<br>3c. Any noted systemic or deficient practice will be reported to the Administrator/DON which will initiate guidance on corrective processes on ensuring that Personal AM Care, Bed Baths, Care of Dentures, Dressing a Resident, Feeding a Resident Requiring Total Assistance, Nail Care, Offering of the Bedpan, Oral Hygiene and Perineal care.<br><br>4. Indicate how the facility plans to monitor its performance to make sure that the Personal AM Care, Bed Baths, Care of Dentures, Dressing a Resident, Feeding a Resident Requiring Total Assistance, Nail Care, Offering of the Bed pan, Oral Hygiene, and Perineal care.<br>4a. Activities of Daily Living will be audited by the DON/designee once a day, for 5 | |

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| F 312 | Continued From page 2 | F 312 | days a week for four weeks beginning on 11/28/16. Personal AM Care, Bed Baths, Care of Dentures, dressing a Resident, Feeding a Resident Requiring a Total Assistance, Nail care, Offering the Bedpan, Oral Hygiene, and Perineal care.<br>4b. Any resident that doesn't receive Activities of Daily Living will be reported to the Administrator/DON immediately.<br>4c. Administrator will be responsible to ensure that the required action(s) and follow up has been completed by DON/Designee assigned. Will ensure that appropriate documentation is in place.<br>4d. Activities of Daily Living Audits will be reviewed once a week x4 weeks by the Administrator/DON/ADON beginning 11/28/16.<br>4. Activities of Daily Living audits will be presented in QAPI meeting monthly x 3 months. | |
| F 314 SS=D | 483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview and record | F 314 | 1. Address how corrective action will be | 12/2/16 |

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| F 314 | Continued From page 3<br>review the facility failed to complete monthly nutritional assessments and put standing orders for skin breakdown into place for 1 of 3 sampled residents (Resident #3) with pressure ulcers and make recommendations for nutrition interventions important in preventing the decline of the resident's pressure ulcer from a stage I to an unstageable wound. Findings included:<br><br>Resident #3 was admitted to the facility on 03/06/15. The resident's documented diagnoses included right lateral heel pressure ulcer, diabetes, anemia, and Alzheimer's dementia.<br><br>On 04/27/16 "Res (resident) at risk for weight changes and skin breakdown r/t (in regard to) dx (diagnoses) and po (by mouth) intake; Resident with dx of dementia" was identified as a problem in the resident's care plan. Interventions to this problem included registered dietitian (RD) to evaluate as needed and provision of supplements as ordered.<br><br>In a 07/10/16 dietary progress note the dietary manager (DM) documented, "Resident is on a puree diet with thin liquids...She needs assist/supervision at meals. P/O intake varies 26 - 100%. CBW (current body weight) of 116# (pounds) is at high end of IBW (ideal body weight) range of 95 - 115# and is down 8#/6.5% x 6 months...Recommend to start HiCal (nutritional supplement) 3 oz (ounces) BID (twice daily) to help with weight maintenance."<br><br>A 07/12/16 physician order started Resident #3 on "HiCal 3 oz BID (provides 356 calories and 13 grams of protein)."<br><br>Lab results from 07/18/16 documented Resident | F 314 | accomplished for those residents found to have been affected by the deficient practice.<br>1a. Dietary Assessment was completed on 11/29/16 by the Certified Dietary Manger.<br>1b. Dietary Evaluation was completed on 11/29/16 by the Registered Dietician.<br><br>2. Address how corrective action will be accomplished for those residents having potential to be affected by the deficient practice.<br>2a. Residents residing in the facility at the time of the deficient practice will be considered as having the potential to have been affected.<br>2b. 100% audit of all residents with current wounds will have Dietary Assessments completed by 12/02/16.<br>2c. 100% audit of all residents with current wounds will have a dietary Evaluation by the Registered Dietician by 12/01/16.<br>2d. Any identified residents not receiving appropriate assessment/evaluation will be communicated to the Administrator/Designee for further guidance.<br><br>3. Address what measures will be put in to place or systemic changes made to ensure that the deficient practice will not occur.<br>3a. On, 12/01/16 the Administrator provided written guidance/education to the Certified Dietary Manager/Registered Dietician/Treatment Nurse/DON/ADON on correct process regarding communication | |

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| F 314 | Continued From page 4<br>#3's albumin level was mildly depleted at 3.2 grams/deciliter (g/dL) with normal being 3.5 - 5.2 g/dL.<br><br>In a 09/14/16 dietary progress note the RD documented, "Resident seen d/t (due to) stage I right heel wound....PO intake is 50 - 100% of most meals...HiCal 3 oz BID in place to promote weight maintenance, adequate protein stores, and wound healing/good skin integrity. No recommendations at this time. Will continue to monitor weight, PO intake, and healing."<br><br>In a 09/19/16 dietary progress note the DM documented, "PO intake varies 0 - 100% with some refusals noted. CBW of 122# is over IBW range of 95 - 115# and is overall stable x 6 months. HiCal 3 oz BID in place to help with weight maintenance . No recommendations at this time. Continue to monitor and f/u PRN (follow-up as needed)."<br><br>Resident #3's 09/19/16 quarterly minimum data set (MDS) documented her cognition was severely impaired, she required extensive assistance from staff with her activities of daily living (ADLs), she had one stage I pressure ulcer, and her weight was stable at 122 pounds.<br><br>A 10/24/16 Weekly Wound Assessment documented Resident #3 had a stage II right lateral heel pressure ulcer which measured 2 x 2 centimeters (cm). The wound bed was red with no odor. There was a small amount of serosanguineous drainage. The area was described as an open blister, and wound status was documented as deteriorating.<br><br>The resident's care plan for skin breakdown was | F 314 | and determining the root cause of any negative outcomes which were addressed.<br>3b. In-service on existing policies will be conducted to Certified Dietary Manager/Registered Dietician/Treatment Nurse/DON/ADON on Dietary Assessments and Evaluations by 12/02/16.<br>3c. Any noted systemic or deficient practice will be reported to the Administrator/Designee which will initiate guidance on corrective processes on ensuring that all assessments/evaluations are implemented.<br><br>4. Indicate how the facility plans to monitor its performance to make sure that the Assessments/Evaluations are completed for those resident's with wounds.<br>4a. Certified Dietary Manager will audit once of week x 4 weeks to ensure nutrition needs are addressed for wound healing.<br>4b. Registered Dietician will review new wounds in facility once a week to ensure that nutritional needs are addressed for wound healing.<br>4c. Registered Dietician will receive weekly wound report from Certified Dietary Manger in order to review and evaluate all new wounds.<br>4d. Administrator will be responsible to ensure that the required action(s) and follow-up has been completed by Certified Dietary Manager and Registered Dietician.<br>4e. Nutritional Dietary audits will be | |

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| F 314 | Continued From page 5<br>updated on 10/24/16 documenting, "Open area (blister opened) to lateral right heel."<br><br>A 10/31/16 Weekly Wound Assessment documented Resident #3's stage II right lateral heel ulcer measured 2 x 1.5 cm, the wound bed was red with no odor, and there was a scant amount of serosanguineous drainage. The wound status was documented as improving.<br><br>A 11/08/16 Weekly Wound Assessment documented Resident #3's right lateral heel ulcer was documented as presenting as a suspected deep tissue injury (SDTI). The ulcer measured 2 x 2 cm, and was described as an intact dark purplish area with a soft center. There was no odor, but a small amount of serosanguineous drainage was noted. The wound status was documented as deteriorating.<br><br>The resident's care plan for skin breakdown was updated on 11/08/16 documenting, "SDTI to right lateral heel."<br><br>A 11/15/16 Weekly Wound Assessment documented Resident #3's unstageable right lateral heel ulcer measured 3 x 2 cm. No drainage was noted, but the wound bed was documented as being black/necrotic with black/brown eschar. The wound status was documented as unchanged.<br><br>The resident's care plan for skin breakdown was updated on 11/16/16 documenting, "Intact black/brown eschar to right lateral heel."<br><br>A 11/21/16 Weekly Wound Assessment documented Resident #3's unstageable right lateral heel ulcer measured 4 x 2.5 with faint odor | F 314 | reviewed weekly by the Administrator, DON/ADON and Certified Dietary Manger x 4 weeks.<br>4f. Nutritional Dietary audits will be presented in QAPI meeting monthly x 3 months. | |

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| F 314 | Continued From page 6 | F 314 | | |

(scant musty odor). There was a small amount of serosanguineous drainage present. The wound status was documented as unchanged.

Upon entry of the survey team on 11/21/16 the most recent dietary progress note for Resident #3 was the one completed by the DM on 09/19/16.

At 10:13 AM on 11/22/16 during an observation and interview the Treatment Nurse stated Resident #3's pressure ulcer started as a blister, opened, and declined in part due to the resident not eating well. When the Treatment Nurse removed the resident's old dressing there was some dried red/brown drainage on the dressing. The heel pressure ulcer was approximately 4 x 3 cm with 75% of the wound being dark red/brown and 25% of the wound being soft white/gray slough. No odor was noted.

At 8:28 AM on 11/23/16 the DM stated the RD was in the facility twice monthly with her last visit being on 11/17/16. The DM reported the RD assessed residents with wounds, significant weight loss, and tubefeeding at least once monthly. According to the DM, the RD was also in the building on 10/21/16 and 10/29/16. She commented that she was able to recommend supplements between RD visits if she felt they were necessary. She stated she was unsure why there was no nutrition assessment for Resident #3 after the blister opened on her right heel.

At 8:40 AM on 11/23/16 the Assistant Director of Nursing provided a copy of standing orders for Resident #3, signed by the physician on 03/04/15, which documented "Skin Breakdown-If resident has a stage II, initiate Pro-Stat Sugar Free 1 oz

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| F 314 | Continued From page 7 | F 314 | | |

BID until wound healed (providing 200 calories and 30 grams protein). If resident has a stage III or IV initiate Pro-Stat Sugar Free AWC (advance wound care) BID until wound healed (providing 200 calories and 34 grams of protein)." The DON was unable to explain why this standing order was not put in place for Resident #3, and commented the extra protein probably would have helped with wound healing.

At 9:13 AM on 11/23/16, during a telephone interview with the RD, she stated she was in the building twice a month. She reported she completed nutrition assessments for high risk residents monthly including residents with wounds, significant weight loss, and tubefeeding. She commented often she assessed residents with wounds and tubefeeding on her first visit of the month and new admits on her second visit of the month. According to the RD, she did initial nutrition assessments on residents who developed wounds, and then did monthly follow-ups so she could put new interventions in place if there was wound deterioration or a decline in the resident's intake of food. The RD stated Resident #3 should have been assessed for nutrition in October 2016 since she had a pressure ulcer, but she could not explain how the resident was overlooked.

At 11:37 AM on 11/23/16 the Director of Nursing stated nutrition played a very important role in wound healing. She reported she would expect nutrition assessments to be completed on residents who developed ulcers and to have follow-up nutrition assessments completed to help promote wound healing, especially if there was a decline in the ulcer.

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| F 325 | Continued From page 8 | F 325 | | |
| F 325 SS=D | 483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE<br><br>Based on a resident's comprehensive assessment, the facility must ensure that a resident -<br>(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<br>(2) Receives a therapeutic diet when there is a nutritional problem.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview, and record review the facility failed to address the nutritional needs of 1 of 3 sampled residents (Resident #5) reviewed for weight loss when the resident did not receive the nutritional supplementation upon which the registered dietitian (RD) based all her nutritional assessments and when the resident did not receive follow-up nutritional assessments for four months after initiation of a supplement during which time the resident continued to lose weight. Findings included:<br><br>Resident #5 was admitted to the facility on 09/10/07. The resident's documented diagnoses included diabetes, hypertension, chronic kidney disease, anemia, and dementia.<br><br>Review of the resident's medication administration record (MAR) revealed she received Remeron 7.5 milligrams (mg) nightly for appetite stimulation from 02/19/16 through | F 325 | 1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.<br>1a. Certified Dietary Manager completed a Dietary Assessment on the affected resident on 11/29/16.<br>1b. Evaluation was completed on 11/29/16 on the affected resident by Registered Dietician.<br>2. Address how corrective action will be accomplished for those residents having potential to be affected by the deficient practice.<br>2a. Residents residing in the facility at time of the deficient practice will be considered as having the potential to have been affected.<br>2b. 100% of charts will be audited to ensure that physician orders related to nutritional needs match the Registered | 12/2/16 |

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| F 325 | Continued From page 9<br>04/29/16 and Ensure nutritional supplement 240 cubic centimeters (cc) nightly from 02/22/16 through 07/29/16.<br><br>The resident's Weight Summary documented she weighed 115.2 pounds on 03/01/16.<br><br>On 03/11/16 "Resident is at risk for weight loss, resident with decreased PO (by mouth) intake, has impaired cognition, decreased appetite and dx (diagnosis) of dementia. Resident with very particular eating habits for many years. Has always been fearful of having food touched. Staff must open containers and straws very carefully" was identified as problem in Resident #5's care plan. Interventions to this problem included appetite stimulant as ordered, diet as ordered, monitoring of meal intake, and registered dietitian (RD) to evaluate as needed.<br><br>The resident's Weight Summary documented she weighed 111 pounds on 04/09/16.<br><br>A 04/29/16 physician order increased Resident #5's Remeron to 15 mg nightly.<br><br>In a 04/29/16 dietary progress note the RD documented, "Resident seen d/t (due to) weight loss of 21.7% x 30 days, 28% x 90 days, and 22.4% x 180 days. CBW (current body weight) of 111# is within IBW (ideal body weight) range of 104 - 127#. Resident receives a regular diet...PO intake is poor with multiple refusals noted. Remeron 7.5 mg (nightly) in place to help stimulate appetite. Ensure Plus 8 oz (ounces) TID (three times a day) with meals and 8 oz nightly in place to promote weight maintenance and adequate protein stores (per the resident's MAR she was only receiving 8 oz of Ensure | F 325 | Dietician by the DON/Designee to ensure orders, notes and recommendations are in alignment with resident's nutritional needs by 12/01/16.<br>2c. 100% of resident's will be audited by the Dietary Manger for any significant weight losses in the facility to ensure that the Registered Dietician consultations have been completed by 12/01/16.<br>2d. Any identified residents not receiving appropriate nutritional needs will be communicated to the Administrator/Designee for further guidance.<br><br>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur.<br>3a. On, 12/01/16 the Administrator provided written guidance/education to the Certified Dietary Manger, Registered Dietician, DON/ADON on correct process in maintaining and implementation of each residents nutrition and determining the root cause of any negative outcomes which were addressed<br>3b. In-service on Nutrition at Risk will be conducted to Certified Dietary Manager, Registered Dietician, DON/ADON by 12/02/16.<br>3c. Any noted systemic or deficient practice will be reported to the Administrator/DON which will initiate guidance on corrective processes on ensuring that all nutritional recommendations are implemented and followed per orders approved by physician. | |

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| F 325 | Continued From page 10<br>nightly)."<br><br>The resident's Weight Summary documented she weighed 118 pounds on 05/03/16.<br><br>In a 05/13/16 dietary progress note the RD documented, "Resident seen d/t weight gain of 6.3% x 30 days. CBW of 118# is within IBW range of 104 - 127#. Resident receives a regular diet...PO intake is poor with multiple refusals noted. Remeron has been increased to 15 mg (nightly) to help stimulate appetite. Ensure Plus 8 oz TID with meals and nightly (1400 calories and 52 grams protein) in place to promote weight maintenance and adequate protein stores (per the resident's MAR she was only receiving 8 oz of Ensure nightly). No recommendations at this time. Will continue to monitor weight and PO intake."<br><br>The resident's Weight Summary documented she weighed 117.6 pounds on 06/15/16 and 116.9 pounds on 07/08/16.<br><br>In a 07/18/16 dietary progress note the RD documented, "Resident seen d/t (due to) weight loss of 11.2% x 180 days. CBW of 116# is stable x 30 days and remains within IBW range of 104 - 127#. Resident receives a regular diet...PO intake is mostly 0%. Remeron is in place to help stimulate appetite. Ensure Plus 8 oz TID with meals and 8 oz nightly (1400 calories and 52 grams protein) in place to promote weight maintenance and adequate protein stores (per the resident's MAR she was only receiving 8 oz Ensure nightly). No recommendations at this time. Will continue to monitor weight and PO intake." | F 325 | 4. Indicate how the facility plans to monitor its performance to make sure that the Dietary Recommendations will be monitored.<br>4a. Certified Dietary Manger will audit 3 dietary orders a week x 4 weeks to ensure that the dietary orders correlate with the dietary notes and resident's Medication Administrative Record.<br>4b. Any resident that doesn't receive the correct dietary order this will be reported to the Administrator/Designee immediately.<br>4c. Administrator will be responsible to ensure that the required action(s) and follow-up has been completed by the Certified Dietary Manger.<br>4d. Dietary audits will be reviewed once a week x 4 weeks by the Administrator, DON, ADON and Dietary Manager.<br>4e. Dietary audits will be presented in QAPI meeting monthly x 3 months. | |

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| F 325 | Continued From page 11 | F 325 | | |

A 07/29/16 physician order changed the administration of Resident #5's Ensure to one can TID.

The resident's Weight Summary documented she weighed 116.6 pounds on 08/08/16, 119.4 pounds on 09/09/16, 114.8 pounds on 10/07/16, and 112.4 pounds on 11/03/16.

The resident's MAR documented she refused her Ensure 20 times and there was only partial administration of the Ensure 8 times in August 2016, she refused her Ensure 12 times and there was only partial administration of the Ensure 7 times in September 2016, she refused her Ensure 11 times and there was only partial administration 11 times in October 2016, and she refused her Ensure 9 times and there was only partial administration of the Ensure 9 times in November 2016. During these four months most of the refusals and partial administrations occurred in the afternoons and evenings.

The resident's 10/12/16 quarterly minimum data set (MDS) documented her cognition was severely impaired, she had a poor appetite, she required set-up assistance and encouragement with meals, she was 63 inches tall and weighed 115 pounds, and her weight was stable. There was no nutritional assessment of Resident #5 following this quarterly MDS.

Upon entry of the survey team on 11/21/16 the most recent dietary progress note for Resident #5 was the one completed by the RD on 07/18/16.

At 8:28 AM on 11/23/16 the dietary manager (DM) stated the RD was in the facility twice monthly with her last visit being on 11/17/16. The DM

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| F 325 | Continued From page 12 | F 325 | | |

reported the RD assessed residents with wounds, significant weight loss, and tubefeeding at least once monthly. According to the DM, the RD was also in the building on 10/21/16 and 10/29/16. She commented that she (the DM) was able to recommend supplements between RD visits if she felt they were necessary.

At 9:13 AM on 11/23/16, during a telephone interview, the RD stated she did not recall the direct care staff conveying to her any concerns about Resident #5's supplement intake. She reported it would be good to know the percent of the supplement the resident actually drank as opposed to what percent was offered (this information was not available as the amount of supplement consumed was included in the fluid intake throughout the day).

At 9:25 AM on 11/23/16 Nurse # stated Resident #5 refused eating assistance offered by the staff. The nurse reported the resident drank Ensure well in the mornings and her intake dwindled as the day went on. She commented about the only thing the resident would eat and drink was a little Ensure and sweets/desserts.

At 9:40 AM on 11/23/16 nursing assistant (NA) # stated it took a lot of encouragement to get Resident #5 to eat, and she refused eating assistance. She reported the only things she was aware of that the resident would eat were sweets/desserts and ice cream. She commented the resident's appetite seemed to dwindle as the day evolved.

At 10:46 AM on 11/23/16 the DM stated Resident #5 was basically living off supplements, rarely eating small bites off her meal trays. She

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| F 325 | Continued From page 13 | F 325 | | |

reported she thought the resident was receiving Ensure or Boost TID with meals and nightly. According to the DM, if residents continued to lose weight after supplements were implemented she re-screened food preferences and tried to add foods residents liked to their meal trays. She provided copies of Resident #5's tray slips which documented the resident was on a regular diet with Ensure at meals and a peanut butter and jelly sandwich and Graham crackers at supper. The DM commented the sandwich and Graham crackers at supper had been in place for years. Ice cream was listed as a dislike.

At 11:10 AM on 11/23/16, during a telephone interview, the RD stated she had a form upon which she documented her recommendations, and the physician would respond on the bottom of the form. She reported most of the time the physician accepted her recommendations, and wrote orders to implement them. She commented she checked the MAR when assessing residents, and if they were receiving something beside what she recommended, she noted what her recommendations was versus what the physician decided to order with rationale. (This was not done in the RD's 04/29/16, 05/13/16, and 07/18/16 nutrition assessments for Resident #5).

At 11:37 AM on 11/23/16 the director of nursing (DON) stated she thought it would be important to re-evaluate the effectiveness of supplements when they were put in place. She reported having data about the percent intake consumed would be valuable in determining if new food/supplement recommendations needed to be made or if the original recommendations were effective. The DON was unable to locate copies

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| F 325 | Continued From page 14<br>of the RD's recommendation for Resident #5 to implement Ensure 8 oz TID with meals and 8 oz nightly so that the physician's response might be reviewed (since the RD recommendation for such was not implemented). | F 325 | | |