STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345563	A. BUILDING _____ B. WING _____	C 11/17/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAVILION HEALTH CENTER AT BRIGHTMORE	10011 PROVIDENCE ROAD WEST CHARLOTTE, NC 28277

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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, staff, resident and family member interviews, and record review, the facility failed to obtain accurate weight measurements for 1 of 3 sampled residents at risk for weight loss (Resident #1). The findings included: Resident #1 was admitted to the facility on 07/14/16 with diagnoses which included cerebral vascular accident. Review of Resident #1's quarterly Minimum Data Set (MDS) dated 10/11/16 revealed an assessment of intact cognition. The MDS indicated no significant weight loss or gain. Review of Resident #1's care plan revealed interventions to prevent a nutritional problem included weight measurements and provision of diet as ordered.	F 325	The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. F325 MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE. Corrective Action: Resident #1. Resident #1 was accurately weighed immediately. Weight entered into resident's electronic medical record. Care plan was updated. Resident reviewed during the weekly quality of life meeting by	12/15/16

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

Electronically Signed | 12/15/2016

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F 325	Continued From page 1 Review of Resident #1's weight measurements revealed the following: 07/14/16: 165 pounds (lbs.); 07/19/16: 169 lbs.; 08/29/16: 180.5 lbs.; 08/30/16: 180.5 lbs.; 10/03/16: 178 lbs.; 10/24/16: 177 lbs.; 10/27/16: 133 lbs. (crossed out); 11/03/16: 153 lbs. (entered by the Registered Dietician); and 11/17/16: 134 lbs. Interview with Resident #1 on 11/17/16 at 10:25 AM revealed the faclity provided meals and nutritional supplements. Resident #1 explained he "usually weighed around 135 lbs." Telephone interview with Resident #1's family member on 11/17/16 at 10:54 AM revealed the facility staff did not weigh Resident #1 accurately. Resident #1's family member reported the error was discovered when she observed staff weighing Resident #1. Observation on 11/17/16 at 11:15 AM revealed Nurse Aide (NA) #3 weighed Resident #1 in his motorized wheel chair. A sign taped to the back of the wheel chair indicated the number, "338.5" Resident #1 weighed 472.5 lbs. on the digital chair scale. NA #3 explained she subtracted 338.5 from the 472.5 to obtain Resident #1's weight measurement of 134 lbs. Interview with NA #3 on 11/17/16 at 11:50 AM revealed Resident #1's motorized wheel chair weighed 338.5 lbs. NA #3 explained she weighed Resident #1 in the past but did not have the correct weight of the wheel chair. NA #3 reported Resident #1's prior weights were not accurate and did not remember if she used kilograms or pounds when she weighed Resident #1 on earlier occasions.	F 325	the interdisciplinary team for possible causes of changed intake, changed calorie need, change in medication (e.g., diuretics), or changed in fluid volume status. Dietitian, Resident's representative and physician notified of current weight. Identification of other residents who may be involved with this practice: All residents have the potential to be affected by the alleged practice. All current residents were accurately weighed by 12/14/2016 by nursing staff. 19 residents had a weight gain or weight loss of 5 pounds from prior weight. These residents had reweights done. 3 residents refused to have weights obtained, MD, Dietitian and Resident representative notified. Care plan updated. 4 hospice residents have physician orders to discontinue weights.16 # of residents have a weight loss noted and the interdisciplinary team will review for possible causes of changed intake, changed caloric need, change in medication (e.g., diuretics), or changed fluid volume status on the quality of life meetings. 58 # of residents will be reviewed weekly during the quality of life meeting (This number includes new admissions/readmissions in the last month and residents with noted weight loss/gain). Weight loss is monitored on a continuing basis; any weight loss has been care planned at the time of detection and not delayed. Systemic Changes: Director of Nursing and /or Designee In serviced all nursing staff, RNs, LPNs and	

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F 325	Continued From page 2 Interview with Nurse #4 on 11/17/16 at 12:30 PM revealed Resident #1's weight measurement errors were discovered during a meeting with Resident #1's family member. Nurse #4 explained she weighed Resident #1 and placed the accurate weight on the motorized wheel chair. Nurse #4 explained the Registered Dietitian (RD) crossed out the 10/27/16 weight measurement but did not know the reason. Nurse #4 reported 134 lbs. was Resident #1's accurate weight measurement. Interview with the nurse practitioner (NP) on 11/17/16 at 1:05 PM revealed she relied on accurate weight measurements to determine Resident #1's nutritional status. The RD was not available for interview. Interview with the Director of Nursing (DON) on 11/17/16 at 3:04 PM revealed she expected staff to accurately weigh Resident #1.	F 325	Nurse Aides (full time, part time, and PRN) that a facility must ensure that a resident 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. The facility must ensure that a resident receives a therapeutic diet when there is a nutritional problem. Weight measurements assist staff with assessing the resident's nutrition and hydration status by providing a mechanism for monitoring stability of weight over a period of time. The measurement of weight is one guide for determining nutritional status. Diminished nutritional and hydration status can lead to debility that can adversely affect health and safety as well as quality of life. Weight loss can result in debility and adversely affect health, safety and quality of life. For persons with morbid obesity, controlled and careful weight loss can improve mobility and health status. For persons with a large volume (fluid) overload, controlled and careful diuresis can improve health status. Weight loss may be an important indicator of a change in the resident's health status or environment. If significant weight loss is noted, the interdisciplinary team will review for possible causes of changed intake, changed caloric need, change in medication (e.g., diuretics), or changed fluid volume status on the quality of life meetings. Weight loss should be monitored on a continuing basis; weight loss should be assessed and care planned at the time of detection and not	

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F 325	Continued From page 3	F 325	delayed. Residents who are new admits will be weighed on admission or 24 hours of date of admission, and weekly for four weeks, and then monthly and PRN. Residents who are re-admits will be weighed on readmission or 24 hours of date of admission and weekly for four weeks, and then monthly and PRN. Resident who have wounds will be weighed weekly until they maintain an acceptable parameter of nutritional status and until they wound is resolved. Resident receiving hemodialysis will be weighed post treatment. All residents will be weighed monthly. Residents who have had a weight loss or weight gain of 5 pounds will be reweighed. Any resident with a body weight that does not meet there acceptable parameter will be weighed weekly until there are able to maintain an acceptable parameter of nutritional status. Any resident with a physician order in reference to weight such as daily weights or weekly weights will be weighed per physician order. This in services was completed by 12/14/2016. Any nursing staff, RN, LPN, and Nurse Aide (full time, part time, and PRN) who did not receive in-service training will not be allowed to work until training is completed. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained. Monitoring:	

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F 325	Continued From page 4	F 325	To ensure compliance, Administrator or Director of Nursing or designee will monitor this issue using the QA survey tool. Facility will monitor compliance by reviewing 5 residents weight weekly to ensure accuracy on the weekly quality of life meeting. This will be done on weekly basis for 4 weeks then monthly for 3 months by the Support Nurse, Unit Manager, or designee. Reports will be presented to the weekly QA Committee by the Administrator or designee to assure corrective action initiated as appropriate. Any immediate concerns will be brought to the Director of Nursing or Administrator for appropriate action. Compliance will be monitored and ongoing auditing program reviewed at the Weekly Quality of Life Meeting. Weekly QA Committee meeting is attended by Administrator, Director of Nursing, MDS Coordinator, Unit Manager, Support Nurse, Therapy, HIM, Dietary Manager, Wound Nurse. Date of Compliance: 12/15/2016	