

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/20/2021
NAME OF PROVIDER OR SUPPLIER WESTCHESTER MANOR AT PROVIDENCE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262		
(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	
E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 692 SS=E	<p>Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3)</p> <p>§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-</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. This REQUIREMENT is not met as evidenced</p>	F 692		11/1/21	

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

TITLE

(X6) DATE

Electronically Signed

10/29/2021

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>by: Based on observations, record review, and staff interviews, the facility failed to transcribe an ordered dietary supplement for 1 of 5 residents (Resident #74) reviewed for nutrition.</p> <p>The findings included:</p> <p>Resident #74 was admitted to the facility on 3/12/2018 with diagnoses that included non-Alzheimer's dementia, anemia, and renal insufficiency.</p> <p>Resident #74 weight on 8/4/2021 was 190.2 pounds.</p> <p>Resident #74 was discharged to the hospital on 8/26/2021 and readmitted to the facility on 9/17/2021 with a weight of 146.4 pounds.</p> <p>A review of the admission Minimum Data Set (MDS) dated 9/24/2021 revealed Resident #74 was cognitively impaired for making decisions of daily living and required one staff member assistance with eating. Diagnoses included malnutrition and metabolic encephalopathy. The MDS identified Resident #74 had greater than 5% weight loss that was not intentional. The Care Area Assessment (CAA) identified Resident #74 to be at risk for Malnutrition and documented nutrition was to be updated on the care plan and it was noted that the Resident was to receive a dietary supplement two times per day, as ordered.</p> <p>A review of the care plan updated 9/21/2021 revealed a focused area for nutrition and malnutrition with recent weight loss and a diagnosis of encephalopathy. The goal was to</p>	F 692	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance.</p> <p>1. Immediate actions taken for the resident found to have been affected included:</p> <p>The Director of Nursing, Susan Carter, RN and the Registered Dietitian, Patrice Minder, reassessed the nutrition status of Resident #74 on 10/20/21. Intervention of a supplement, Med Pass 120cc twice daily, that was recommended on the 9/21/21 nutrition assessment by the Registered Dietitian was implemented.</p> <p>2. Identification of the other residents having the potential to be affected was accomplished by:</p> <p>The facility determined that 7 other residents had the potential to be affected due to weight loss in the past 6 months as per weight trend report. Audit by the Registered Dietitian, Patrice Minder, of the additional 7 residents EMRs revealed that all had recommended and appropriate interventions in place for their weight loss. (see Exhibit 1)</p>		

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F 692	<p>Continued From page 2</p> <p>have no significant weight loss through the next review. Interventions included dietary supplements, monitor labs as ordered, Registered dietician consults as indicated, and serve diet as ordered.</p> <p>A review was conducted of the physician orders for Resident #74 that included weekly weights upon readmission and a regular diet with puree consistency and thin liquids. A dietary supplement was not ordered.</p> <p>A review of the electronic medical record revealed weekly weights for Resident #74 for the dates of:</p> <p>9/17/2021 145.4 pounds 9/21/2021 161 pounds 10/5/2021 161.8 pounds 10/12/2021 155.6 pounds 10/20/2021 151.2 pounds</p> <p>An observation was conducted on 10/17/2021 at 1:03 PM during the lunch meal of Resident #74. A staff member assisted the Resident to eat. The meal ticket was observed, and a dietary supplement was not listed on the meal ticket and was not available on the tray. The meal ticket stated puree consistency with thin liquids.</p> <p>An observation was conducted on 10/20/2021 at 8:48 AM during breakfast of Resident #74. A staff member assisted the Resident to eat. The meal ticket was observed, and a dietary supplement was not listed on the meal ticket and was not available on the tray. The meal ticket stated puree consistency with thin liquids. The meal included ½ cup cereal, French toast, sausage link, syrup, margarine, coffee, whole milk, juice and assorted fruit. The Resident was observed to</p>	F 692	<p>3. Actions taken/systems put into place to reduce the risk of future occurrence include:</p> <p>An in-service education program was conducted by the Staff Development Nurse, Dawn Dennis, RN on 10/26/21 with the licensed nursing staff to review findings of survey held on 10/17/21 thru 10/20/21 and citation of the F692 tag. A weekly weight meeting will be conducted by the Registered Dietitian on Thursdays, the Director of Nursing will conduct the meeting in the Registered Dietitians absence. The weekly meeting will include the other members of the IDT. The "Weight Intervention" form (see exhibit 2) will be utilized by the Registered Dietitian to review any resident with a weight loss to ensure that appropriate interventions have been implemented. The Registered Dietitian will complete a log entry when any resident is assessed for weight loss and weight loss of 5% or greater weight loss in 30 days, 7.5% weight loss in 90 days, and/or weight loss in 180 days has been identified.</p> <p>4. How the corrective action will be monitored to ensure the practice will not recur:</p> <p>The Director of Nursing will complete the weight trend report generated by the EMR to the weight intervention log to ensure appropriate interventions are recorded and implemented in the physicians' orders by the Registered Dietitian for each</p>		

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F 692	<p>Continued From page 3</p> <p>eat 100% of the meal.</p> <p>An interview was conducted with the Unit Supervisor for the 300 hall on 10/20/2021 at 9:17 AM and she revealed Resident #74 had significant weight loss due to a recent hospitalization. She stated she did not see an intervention in the computer ordered upon readmission except for weekly weights that were added on 9/17/2021. She revealed that on 10/18/2021 an order was placed for a speech therapy consult because the Resident was observed to be pocketing food. She stated the resident had been on Speech therapy from admission until 10/14/2021. She added that Resident #74 had not been placed on a dietary supplement and she was not sure why this intervention was not added.</p> <p>An interview was conducted with the Registered Dietician (RD) on 10/20/2021 at 9:50 AM and she revealed that Resident #74 had 25% weight loss over 6 months from 4/7/2021, with a weight of 195.2 through 10/12/2021, with a weight of 155.6 pounds. She added this was due to a recent hospitalization in September. She stated she had thought she added an intervention. She reviewed her documentation and clarified that she made a recommendation for Resident #74 on 9/21/2021 for Med pass 2.0 120 ml twice a day but did not enter the order into the electronic medical system. She stated it was her expectation that recommended supplements be added into the system and the resident maintain their weight without further weight loss. The RD revealed she would enter the order immediately.</p> <p>An interview was conducted with the Nurse Practitioner (NP) for Resident #74 on 10/20/2021</p>	F 692	<p>resident that experiences a 5% or greater weight loss in 30 days, 7.5% weight loss in 90 days, and/or 10% weight loss in 180 days. The Director of Nursing, or ADON in her absence, will complete the audit once weekly for eight (8) consecutive weeks, then biweekly for an additional eight (8) weeks, and then monthly for an additional 2 months.</p> <p>A summary of the indicated residents will be reviewed by the Quality Assurance Committee monthly for at least 6 months and if consistent substantial compliance has been achieved as determined by the committee at that time will be resolved.</p>		

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

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F 692	Continued From page 4 at 11:39 AM and she revealed that it was her expectation that orders be transcribed as recommended by a physician, NP, physician assistant or RD. She revealed in this case the Resident did not suffer further weight loss and his serum albumin levels were within normal limits.	F 692		