

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>175502</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MEDICALDGDGES EUDORA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1415 MAPLE STREET EUDORA, KS 66025</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0692  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide enough food/fluids to maintain a resident's health.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>The facility reported a census of 55 residents. The sample included three residents for unintended weight loss. Based on observation, record review, and interview the facility failed to prevent a significant weight loss for Resident (R) 1 when she had a nine- pound (lb.) weight loss, 6.9 percent (%) in 30 days, and a 19 lb. loss, 13.3 % in 90 days. Findings included: - R1's electronic medical record (EMR) documented [DIAGNOSES REDACTED]. The Admission Minimum Data Set (MDS) dated [DATE] recorded R1's weight at 167 pounds. A Quarterly MDS dated [DATE] recorded R1's weight at 144 pounds. The Quarterly MDS dated [DATE] documented the resident with a Brief Interview for Mental Status score of 12 which indicated she had moderately impaired cognition. The MDS documented the resident required extensive assistance of one staff member with most activities of daily living (ADL's) such as transfer, bed mobility, toileting, and personal hygiene and she used a wheelchair for mobility. This same assessment recorded the resident required set up with her meals but was independent to feed herself. R1 received a regular diet with mechanical soft texture and no added salt and weighed 120 pounds. The Nutrition Care Area Assessment (CAA) dated 1/21/20 recorded the resident had a basic metabolic index (BMI) of 29.57 indicating overweight status. R1 was able to make her own food choices, received a regular diet with regular texture and consistency. The CAA recorded a care plan would be developed to address nutrition to avoid complications and minimize risks. The revised care plan dated 4/18/20 and revised on 7/17/20 for nutrition documented R1 was at risk for altered nutrition and directed staff to provide fortified foods, regular diet with no added salt and diabetic options that R1 may decide not to observe. It recorded R1 received Boost Breeze twice a day for supplement and ate in her room due to her limited [MEDICAL CONDITION] endurance. The Care Plan also recorded R1 liked to stay in her room because people at the table did not talk to her. The certified dietary manager (CDM) spoke with her about returning to the dining room and R1 told the CDM she would think about it. R1's family frequently brought fast-food or food from home that she liked into the facility. . The Care Plan directed staff to assist her with warming food up as needed. The Care Plan lacked specific direction related to R1's specific food preferences, and weight loss. R1's monthly weights recorded in the EMR under the tab Weights and Vital Signs from 6/17/20 to 7/22/20 recorded the following: Weight record: 7/22/2020 11:26 122.1 Lbs. Wheelchair 7/15/2020 09:39 120.0 Lbs. Standing 7/14/2020 13:36 120.04 Lbs. Wheelchair 7/8/2020 15:19 124.0 Lbs. Wheelchair 7/1/2020 14:05 175.0 Lbs. Standing 6/24/2020 14:13 122.9 Lbs. Wheelchair 6/24/2020 08:56 123.0 Lbs. Wheelchair 6/17/2020 15:07 129.0 Lbs. Wheelchair During the period from 6/17/20 to 7/22/20 the resident lost nine pounds or 6.9 % in one month. Other weights included: 6/10/2020 09:26 129.8 Lbs. Wheelchair 6/4/2020 11:06 129.0 Lbs. Standing 6/3/2020 15:30 129.0 Lbs. Standing 5/27/2020 15:41 132.9 Lbs. Wheelchair 5/21/2020 09:24 136.04 Lbs. Wheelchair 5/20/2020 08:32 136.9 Lbs. Wheelchair 5/7/2020 15:46 139.08 Lbs. Wheelchair 5/6/2020 10:08 138.4 Lbs. Wheelchair 5/4/2020 11:14 143.0 Lbs. Wheelchair Altogether, these recordings indicate from 5/4/20 to 7/22/20 the resident lost 19 lbs., or 13.3 percent of her body weight, in 90 days. The Orders tab in the EMR recorded the following orders: An order dated 3/6/20 for Boost (a protein and vitamin supplement), two times a day for weight monitoring. An order dated 5/19/20 for R1 to receive a regular diet, with mechanical soft texture and no added table salt; if R1 was not able to chew foods, (facility) may alternate to puree foods. An order dated 7/18/20 directed staff to continue to encourage food choices and good nutrition and to permit family to bring foods into the facility if practical. Review of the Medication Administration Record [REDACTED]. In July 2020 in the AM and PM on days 1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 19, 20,21, 22, 23, 24, 25, 26, 27, 28, 29. The EMR lacked documentation of physician and responsible party notification of R1's continued refusal of the nutritional supplement. Review of a registered dietician note dated 5/6/20 at 11:09 AM documented R 1 continued with weight loss. Weight was stable for a while in April and then began trending down again R1 had an abscessed tooth and needed oral surgery. Facility and daughter were trying to set up. Recommend diet change to mechanical soft and dietary to offer puddings, soups. Review of a registered dietician note dated 5/17/20 at 3:52 PM documented R1 had three teeth pulled recently, continued to have a poor appetite and difficulty swallowing due to inflammation and tenderness. R1 was now on a pureed diet (5/12/20) with Boost Breeze twice a day. R 1 said she would try to drink a shake or Med Pass (a high protein supplement). Staff was going to try pureed thinned to a drinkable consistency to see if she tolerated this better. Per dietary manager the pureed diet was served very thin on a plate and R 1 was able to consume and the RD recommended continued weekly weights, add fortified foods, and add mighty shakes (a protein/caloric supplement) three times a day (TID). Review of a registered dietician note dated 6/14/20 at 7:01 PM documented on 6/3/20, R1 weighed 129 pounds, down 9.8% x 30 days, 13.5% x 90 days, 21.9% x 180 days. R 1's oral intake was recorded as less than (&lt;) 50% of most meals.The registered dietician recommendedadding mighty shakes TID and fortified foods. The EMR lacked documentation the facility acted on the registered dietician's recommendations to provide fortified foods and mighty shakes three times daily. Review of a registered dietician note dated 7/26/20 at 8:03 PM documented R1's weighed 124lbs. on 7/8/20., down 4.5% x 30 days, down 13.9% x 90 days, down 21% x 180 days. Her intake varied and had not been good. R1 had a urinary tract infection. Her family member brought in candy, lemonade mix, and other items for her to enjoy. Previous weight loss related to teeth infection and recovery after dental extractions. The registered dietician recommended continue with current plan and if weight remains down would consider an appetite stimulant. Interviewed on 7/30/20 at 9:20 AM Dietary Manager (DM) L stated she attended the resident's care plan meetings and met with the family and discussed the resident's diet and what interventions might work. DM L stated the nurses speak to the physician and implement the interventions. Interviewed on 7/30/20 at 2:30 PM Licensed Nurse (LN) H stated R1 (presently in hospital) had chronic urinary tract infections. LN H stated the physician was aware of the resident weight loss and has been monitoring. R 1 was very selective on what she would eat, and lots of times would not eat what was being offered. Her family would bring in homemade items which sometimes she would eat and sometimes not. Staff offered ice cream, pudding, cookies, pastries etcetera, but it did not seem to matter. She did not seem to like the supplements we were trying. LN H stated R1 had not been eating well and had a gradual decline over 3 years. Interviewed 7/30/20 at 3:05 PM interim Administrative Nurse D stated she would expect the nurses to secure physician orders [REDACTED].e. Mighty Shakes TID (recommended on 5/17/20 and 6/14/20) and attempts with all supplemental foods offered , i.e. milkshakes, pastries. Administrative Nurse D further stated she expected nurses would update the resident's care plan to reflect interventions attempted. . Interviewed on 7/30/20 at 3:15 PM Registered Dietician (RD) J stated: She was tracking R1's weight loss but could not comment on whether her recommendations had been followed up on or not. RD J did note the resident was a pleasant lady, but very noncompliant with her meals. Interviewed on 7/30/20 at 3:15 PM Consultant Nurse I (consult to Physician X) stated the physician was aware of the resident continued weight loss noting on 7/26/20 the resident did not express an appetite. The facility's Resident Height and Weights policy revised 12/2019, documented: Weight gain or loss of 3% in one month will be assessed by the Interdisciplinary Team during a facility risk Committee meeting. The facility failed to prevent an unintended weight loss when the facility failed to initiate and/or follow up on dietician recommendations and interventions to address weight loss for this cognitively impaired dependent resident who lost 6.9 % of her body weight in 30 days and 13.3 % in 90 days.</p>		

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.