

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/06/2018
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NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF ALTON	STREET ADDRESS, CITY, STATE, ZIP CODE 3490 HUMBERT ROAD ALTON, IL 62002
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S 000	Initial Comments Complaint Investigation 1845513\IL105179	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.610a) 300.1010h) 300.1210a) 300.1210b)4) 300.1210d)3) 300.1210d)5) 300.1220b)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 09/26/18
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S9999	<p>Continued From page 1</p> <p>decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel,</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Requirements are not met as evidenced by:</p> <p>1) Based on observation, record review and interview, the facility failed to identify, assess, monitor and treat pressure sores for 2 of 3 residents (R1, R3) reviewed for pressure ulcers. This failure resulted in the development of new pressure ulcers for R3 and R1.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS), dated 07/17/18, documented R3 is severely impaired, but is total dependent on staff for all ADL's (Activities of daily living).</p> <p>The Care Plan, dated 7/27/18, documented R3 was identified as requiring assistance with dressing, grooming and personal hygiene. Weekly skin checks on shower day. Monitor heels, coccyx and all bony prominence's for redness or open areas daily during care. Assist and/or encourage resident to turn and reposition at frequent intervals as necessary. Provide tube feeding and flush as ordered. Change tubing,</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>drain bag and catheter, and irrigate catheter per protocol or as ordered.</p> <p>R3 was admitted to facility on 7/10/2018 with the following diagnosis, ileus, moderate intellectual disabilities and anxiety disorder.</p> <p>R3's lab work dated 7/30/2018 documents in part Albumin 2.4L normal range 3.5-5.5g/dl, BUN/Creatine Ratio 75H normal range 6-34, Hemoglobin 8.2L normal range 14.0-18.0 g/dl, and Platelet 664H normal range 150-450 K/cmm. R3's lab work dated 8/21/2018 documents in part Albumin 2.5L normal range 3.5-5.5g/dl, Sodium 154 normal range 135-145 mEq/L and BUN/Creatinine Ratio 125 normal range 6-34. R3's weekly weights were documented; 7/18/2018 100.50lbs, 7/25/2018 104.70lbs, 8/1/2018 101.90lbs, 8/8/2018 100.10lbs and 8/15/2018 86.90lbs.</p> <p>The Facility's 'Admit body assessment' dated 7/11/2018 documented R3's left hip-red and blanch able 7.5cm x 6cm, right hip-red and blanch able 9.5cm x 8cm, unstable area sacrum 7.5cm x 6cm, left ischium- unstageable 0.5cm x 0.5cm, red blanch able bony prominence (protruding c spine), right ear blanch able area 0.2cm x 0.5cm left lateral foot red and blanch able.</p> <p>On 8/23/18 from 12:30 pm until 2:45 pm R3 was sitting in chair next to bed in his room until V4 Certified Nurse's Aide (CNA) and V5 Certified Nurse's Aide (CNA) transferred to bed by mechanical lift. Deep red creases were observed on back of R3's legs just above knees.</p> <p>On 8/23/2018 at 2:45pm V7 stated 'I don't know how long R3's been up, would have to check with</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>floor aides.'</p> <p>On 8/23/2018 at 2:55pm V4 and V5 stated, " R3's mattress last night was bad, the right side was solid air and the left side was flat. We had to stuff pillows on left side to keep resident in bed."</p> <p>On 8/23/2018 3:30pm V6, Licensed Practical Nurse/ Wound Nurse (LPN) observed during a dressing change. Left shoulder pressure ulcer was the size of a 50 cent piece, slough filled. V6 took normal saline and gauze and patted top of slough in wound bed then applied Santyl, gentamicin and calcium alginate with dry dressing. Left hip dressing change, pressure ulcer was larger than a 50 cent piece, slough filled with eschar. Inflamed red tissue surrounding edge of wound. V6 patted the slough in wound bed with normal saline and applied treatment. Sacrum dressing change; pressure ulcer was greater than palm size with slough, eschar and small areas of necrotic tissue; V6 patted with normal saline and applied treatment. Right hip V6 removed a brown bandage dated 8/22/2018 with a small (new) opened area with serosanguinous drainage on the bandage. R3's left ear, no open wound areas observed.</p> <p>On 8/23/2018 at 3:50 pm, V6 stated that (new open area on right hip)wasn't like that on Tuesday (8/21/2018). She would be calling the doctor for new orders. V6 also stated that R3 wasn't on any antibiotics and no cultures had been done on the wounds. V6 also stated that V8, Medical Doctor (MD) usually debrides wounds on Tuesdays during weekly rounds. He debrided R3's pressure ulcers on Tuesday 8/21/2018.</p> <p>On 8/28/2018 at 09:15 am, V8, Medical Doctor</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>(MD) stated, "I wouldn't have expected R3 to have been sitting up for more than 2 hours." "R3" entered facility with sacrum pressure ulcer only, and the others ulcers were developed in the facility. V8 also stated, "I would expect staff to reposition every hour, "I just write the orders." V8 also stated, "Maybe I should of cultured the wounds."</p> <p>The Facility's Weekly Wound Documentation dated 7/25/2018 documents R3's Left shoulder stage II length 0.8cm, width 0.8cm and depth 0.1cm.</p> <p>The Facility's Weekly Wound Documentation dated 8/7/2018 documents R3's Left Hip pressure ulcer as length 3cm, width 2cm nothing on depth. Left Shoulder unstageable pressure ulcer as length 1.5cm, width 1cm and depth 0.2cm</p> <p>The Facility's Weekly Wound Documentation dated 8/14/2018 documents Left Hip pressure ulcer as length 3cm x width 2cm x not measureable cm. Left Shoulder unstageable length 1.5cm, width 1cm and depth 0.2cm</p> <p>The Facility's Weekly Pressure Ulcer Report dated 8/20/2018-8/26/2018 documents in part R3's Left hip Stage unstageable 3.5cm length, 3cm width and UTD (unable to determine) depth, Sacrum stage IV, 9cm length, 5cm width, 0.3cm depth, Left shoulder UTS (unstageable) 2.5cm length, 1.5cm width, 0.2cm depth, and Right hip stage 1, 1.5cm length, 3cm width. Right Hip stage I length 1.5cm and width 3cm.</p> <p>On 8/27/2018 R3 was sent out to local hospital, ED (emergency department). Notes document in part: the pt presents with a fever, and is highly tachycardia. Lab work collected on 8/30/2018</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>documents Albumin 2.2L normal 3.5-5.2g/dl, Hemoglobin 7.9L normal range 13.0-16.5 q/dl, and Sodium 161H normal range 136-144 mmol/L. Diagnoses; Decubitus ulcer of back stage 4, Dehydration, Elevated troponin I level, Hypernatremia, Severe sepsis, and Tracheostomy status. Patient was given antibiotics for severe sepsis sources are multiple including decubitus ulcers.</p> <p>2. The Minimum Data Set (MDS), dated 04/27/18, documents R1 is severely impaired, is total dependent on staff for all ADL's (Activities of daily living).</p> <p>R1's care plan dated 6/13/2018 documents in part; asses skin weekly and document skin for color, moisture, texture and turgor. Report abnormal findings to physician and family. Turn and reposition at frequent intervals (at least every 2 hours or as tolerated). Monitor heels, coccyx and all bony prominence's for redness and open areas. Report abnormal results to the nurse.</p> <p>On 8/24/2018 at 10:30 am V13 exiting R1's room finishing dressing changes to R1's pressure ulcer. V13 stated that R1 has a pressure ulcer to right and left heel and coccyx.</p> <p>On 8/24/2018 at 11:15 am V6 stated that R1 was admitted with left heel pressure ulcer. Right heel pressure ulcer was first identified on 3/27/2018 as a stage III with necrosis. Coccyx pressure ulcer identified on 4/24/2018 stage III with 50/50 granulation, necrotic. V6 stated, "That's a problem when a pressure ulcer is not identified until it's a stage III with necrosis". V6 also stated, "Staff does skin checks weekly and resident is incontinent." "Resident also gets a bath twice weekly."</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>Facility's pressure ulcer report dated 8/20/2018-8/26/2018 documents R1's wounds Left heel UTS (unstageable) length 0.5 cm, 1cm width, 0.3cm depth, Right heel UTS (unstageable) 2cm length, 2cm width, 0.3cm depth, Coccyx UTS (unstageable) 4cm length, 1 cm width and 0.8cm depth.</p> <p>The facility's skin care prevention of pressure ulcers dated 3/03 documents in part; Perform weekly skin assessment after showers or as assigned and document results in the nurses notes.</p> <p>2) Based on observation, interview and record review the facility failed to evaluate, assess, and implement nutritional and hydration service to meet the resident's need for 1 resident (R3) of 2 reviewed for nutrition in a sample of 7.</p> <p>Findings include:</p> <p>1. R3's "Admission Nursing Assessment" dated 7/10/2018 documents in part, "Weight 117 pounds, Right ear red blanch able area 0.2 cm (centimeters) X 0.5, Red blanch able bony prominence protruding spine, Ischium unstageable are 0.5 cm X 0.5 cm, Sacrum unstageable area 7.5 cm X 6 cm, right hip red and blanch able 9.5 cm X 9 cm, left hip red and blanch able 7.5 cm X 6 cm."</p> <p>R3's "Nurse's Note" dated 7/10/2018 "G-tube (gastrostomy feeding tube) to left side, red around insertion site. Small abrasion to left side. Resident has red blotches all over upper chest. Approx. (approximately) 18 cm (centimeters)</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>incision to midline that appears to be recent and is a reddish color 1 cm X 1 cm abrasion to left leg above knee. 2 cm X 2 cm red area to top of right hand above thumb. Resident right foot appears to have 3 calloused areas orange/yellow in color, bilateral heels both callused and unblanch able."</p> <p>R3's Physician Order Sheet (POS) dated 7/10/2018 documents in part "Jevity 1.5 per G-tube 75 ml/ hr. (hour) continuous. Flush with 175 ML (milliliters) H2O (water) 75 cc (cubic centimeters) per hr (hour). Flush G-tube with 30 ml H2O before and after giving medication." R3's POS dated 7/19/2018 documents in part "Dietary Consult regarding weight." R3's POS dated 8/6/2018 documents dated 8/6/2018 documents in part "May use Jevity 1.2 with fiber until Jevity 1.5 is here. SF (Sugar free) Prostat 30 ml (milliliters) per G-tube Bid (twice daily) per dietitian recommendation for wound healing." R3's POS dated 8/8/2018 documents "May Bolus with Jevity 1.5 per Q (every) 300 cc Q 4 hrs. (hours) until regular feeding arrives." R3's POS dated 8/20/2018 documents "May use Jevity 1.5 until 2 cal comes in." R3's POS dated 8/21/2018 documents "increase flush to 250 cc Q 3 hours D/C (discontinue) 175 cc flush."</p> <p>On 8/30/2018at 12:15 PM, V17, Registered Nurse (RN) stated "On 8/6/2018 (R3) received Jevity 1.5 bag (Closed container) entire day shift. Then switched to Jevity 1.2 with fiber, I don't recall how long it ran that day but we received more Jevity 1.5 on that same day. On that day I think the tube feeding was changed back to Jevity 1.5, but I can't find any documentation of when. On 8/9/2018 we got new orders for bolus. It is dated for 8/8/2018 which maybe the wrongs date;</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>no it is the right day. I gave the bolus on 8/8/2018 although the MAR (medication Administration Record) as 8/9/2018 because we didn't have the proper equipment. We didn't have the 1000 cc (Cubic Centimeter) closed system container of Jevity 1.5. We only had cans so I had to use the bolus feeding."</p> <p>On 8/30/2018 at 12:23 PM, V2, Director of Nurses (DON) stated "He went to Hi Cal 2.0 and we discontinued Jevity 1.5 on 8/17/2018."</p> <p>On 8/30/2018 at 12:25 PM, V16, RN Case Manager stated "I wrote Hi Cal 2.0 orders on 8/17/2018. I didn't know if we had any available on 8/17/2018 (Friday night). We didn't have any available in the facility but we communicated we would use it when available, but it is not documented. I think we can get a tube feeding formula the next day after we order it."</p> <p>The facility's (Pharmaceutical Company) invoice order dated 8/23/2018 documents "Hi Cal Vanilla 8 cases. We recommend that you place orders 48 business hours prior to your regularly scheduled ship day."</p> <p>On 9/5/2018 at 2:30 PM V2 stated "I know she ordered a 24 hour turn around for the 8/22/2018 (Pharmaceutical Company) shipment."</p> <p>On 8/30/2018 at 12:30 PM, V2 stated "The Nurses Note documents him getting tube feeding but not on the MAR. The Nurses Notes does not say the tube feeding formula."</p> <p>On 8/30/2018 at 12:32 PM V16 stated "We did not document his tube feeding on the MAR, but it is on the daily skilled nursing assessment, but doesn't document what the feeding is, just that a</p>	S9999		
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S9999	Continued From page 11 tube feeding is in place." On 8/30/2018 at 3:15 PM V2 stated "The changes of (R3's) tube feeding from Jevity 1.5 to Jevity 1.2 and the amount of the bolus didn't go through a Dietitian. The Nurse and the Doctor just discussed it and decided according to what we had available." R3's MAR documents in part "Medication: Feeding Order: Jevity 1.5 at 75 ml (milliliters)/hr (hour) no documentation for 8/1/2018 10:00 PM - 6:00 AM shift, 8/8/2018 2:00 PM-10:00 PM shift, 8/10/2018 10:00 PM - 6:00 AM shift, 8/14/2018 6:00 AM- 2:00 PM shift and 2:00 PM-10:00 PM shift, discontinued 8/17/2018. May use Jevity 1.2 with fiber until, Jevity 1.5 is here: Documented administered 8/6/2018 hour is not documented. May Bolus every 4 hours with Jevity 1.5 300cc until regular feeding arrives administration documented 8/9/2018 6:00 AM, 10:00 AM, 2:00 PM discontinued 8/11/2018. HiCal 2.0 at (2 cal) 65 cc/hr per tube feeding continuous 8/17/2018 no documentation of administration." R3's Medication Administration Record (MAR) dated 8/1/2018 to 8/31/2018 documents in part, "Flush tube with H2O (water) 175 ml every 3 hours 30 ml H2O before and after before and after medication, Flush tube 15 ml with H2O between each medication - Administered no documentation of administration on 8/6/2018 6:00 AM, 8/10/2018 6AM and 3PM, 8/14/2018 6 AM. SF (Sugar Free) Prostat 30 ml per G-tube Bid for wound healing Administered 8/7/2018 no documentation of administration 8/10 through 8/13 at 6 AM, 8/13 6 PM, 8/16 6 AM, 8/21 6 AM." R3's Nurses Notes dated 8/17/2018 at 11:00 AM,	S9999			

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NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF ALTON		STREET ADDRESS, CITY, STATE, ZIP CODE 3490 HUMBERT ROAD ALTON, IL 62002		
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S9999	<p>Continued From page 12</p> <p>documents in part "Receives G-tube (gastrostomy tube) tube feeding of Jevity 1.5 at 75 cc/hr continuously. Resident continues to lose weight and pressure areas are not healing. Resident continues to acquire new pressure areas. Most recent labs from 7/30/2018 show total protein of 5.6, Albumin 2.4, and H & H (hemoglobin and hematocrit) 8.2/26.7, Resident weight 100.5 on 7/18/18, 104.7 on 7/25/18, 101.9 on 8/1, 100.1 on 8/8, 86.9 on 8/15. Family was informed of all of the above and requested to try other options. Dietitian and this writer suggested that hospice may be needed to be an option. Requested formula change to Hi Cal 2.0 at 65 cc/hr. continuous, per g-tube. Started Florastar 250 mg (milligrams) BID a probiotic per brother's suggestion."</p> <p>R3's Nurses Note dated 8/20/2018 at 1:30 PM documents in part, "TF (tube feeding) infusing at 65 ml/hr."</p> <p>R3's Nurses Notes dated 8/20/18 at 5:30 PM documents "Made (V14, Physician) aware. Resident is to receive 2 cal per tube feeding and is unavailable at this time. Ordered received may use Jevity 1.5 until 2 cal available."</p> <p>R3's "Admission Nursing Assessment" dated 7/10/2018 documents in part, "Weight 117 pounds."</p> <p>R3's "Weight" record documents 7/18/2018 100.5 pounds, 7/25/2018 101.6 pounds (mechanical lift), 7/25/2018 104.7 (Chair scale), 7/29/2018 101.9 (mechanical scale), 8/1/2018 101.9 (chair scale), 8/8/2018 100.1, 8/15/2018 86.9 (chair scale), 8/17/2018 100.4 (mechanical lift), 8/22/2018 101.6 (Chair scale)."</p> <p>R3's Laboratory blood tests dated 7/30/2018</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>documents in part "Sodium 141 (normal range 135- 145 mEq (mill equivalent/liter), Chloride 103 (normal range 96-110 mEq),"</p> <p>R3's Laboratory blood test dated 8/21/2018 documents in part, "Sodium 154 RH (Risk High) (normal range 135-145 mEq), Chloride 112 High (normal range 96-110 mEq)."</p> <p>R3's local hospital records document R3 was admitted on 8/27/2018 with a diagnosis of Severe sepsis, hypernatremia, dehydration. R3's "Intensivist Consult" dated 8/27/2018 documents in part, "It is unclear what (R3's) status was at the (facility) prior to being transferred to the ICU (local hospital intensive care unit) but his blood work reveals severe hyponatremia with a sodium 161 with an elevated BUN (Blood Urea Nitrogen) and Chloride consistent with volume depletion."</p> <p>The facility's "Enteral Feedings" policy dated 12/2011 documents in part "6. Document the feeding in the Medication Administration Record."</p> <p>The facility's "Weight Monitoring" policy dated 11/2008 documents in part "5. Calculate significant weight changes using the "weight Loss/Gain Table" to determine when significant weight change has occurred. Significant Weight Change Criteria: a. 5% or more in one month, 6. Record significant weight changes in the comments section of the Weight Assessment Sheet. 8. Forward a list of significant weight changes to the Dietary Supervisor, the Care Plan Nurse, the Case Manager(s), the Director of Nursing, and the Administrator. The Dietary Manager will: 1. Forward a list of significant weight changes to the Consulting Dietitian at the time of her next facility visit or sooner if the resident's condition warrants an immediate</p>	S9999		
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S9999	<p>Continued From page 14</p> <p>consultation. The Care Plan Nurse will: 1. Address on the care plan: a. risks for unplanned weight changes, b. significant weight changes, 2. Address (with input from the interdisciplinary team): a. identified causes of impaired nutritional status (to the extent possible), b. resident's personal choices and goals, c. goals with time frames, d. resident specific interventions, e. parameters for monitoring. 3. Update the care plan: a. as condition changes, c. as interventions are determined to be ineffective, d. as specific causes of nutrition related problems or diagnosis are identified. e. as appropriate approaches are considered and added. The Dietitian will: 1. Review all significant weight changes and make recommendations as appropriate." 2. On 8/24/2018 at 2:07 PM, V9, Registered Dietitian stated "I started here on August 1 (2018). We have a protocol of 14 days for initial nutrition assessment and assessment of readmits. I did a chart audit the first week I was here and there are a lot of things that have been missed like wounds, tube feedings, weights, dialysis and tube feedings for monthly notes. For (R3) is a multi-complex case, in my last note weight loss, wounds not healing, new wounds opening were identified. I felt he was not absorbing nutrients he is now on 2.0 cal. I just increased to 75cc/hour today. His labs were low 7/30/18 he looked like he was wasting away, at that time he was receiving Jevity 1.5 55 cc/hr. When he was admitted they had followed the previous (local) hospital tube feeding orders. When I first saw him he looked not well. His skin was transparent and he was frail. I found he was not receiving enough calories. His family told me he had usually consumed about 4000 calories. His family wanted his tube feeding increased. For the previous Dietitian this facility was on the back burner for him because they were trying to</p>	S9999		
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S9999	<p>Continued From page 15</p> <p>get another Dietitian. (R3) is also on Prostat sugar free 30 ml BID (twice daily) at this time for wound healing. It is our company protocol to start on Prostat for wounds. On 7/19/2018 a Dietitian consult, our protocol is to try to get it done within 48 hours. The protocol is to do a nutrition assessment within 14 days. The first consult was completed 7/25/2018 out of the window of 14 days for initial consult. (R3's) initial weight was 117 pounds on 7/10/2018. On 7/12/2018 (R3's) weight was 105.2 pounds and on 7/29/2018 104.7 pounds. I would reevaluate his nutrition assessment if someone lost from 117 pound to 112 pounds. Right now (R3) has a stage 4 wound to his coccyx, one on his shoulder and left and right hips they have not been healing. He is getting more wounds on his self-turning bed. On 7/30/2018 (R3's) labs were fine, his protein and albumin were low but the others were fine. I haven't looked at the labs from 8/21/18 yet."</p> <p>R3's "Admission Nursing Assessment" dated 7/10/2018 documents in part, "Weight 117 pounds, Right ear red blanch able area 0.2 cm (centimeters) X 0.5, Red blanch able bony prominence protruding spine, Ischium unstageable are 0.5 cm X 0.5 cm, Sacrum unstageable area 7.5 cm X 6 cm, right hip red and blanch able 9.5 cm X 9 cm, left hip red and blanch able 7.5 cm X 6 cm."</p> <p>R3's POS dated 7/19/2018 documents in part "Dietary Consult regarding weight."</p> <p>R3's "Medical Nutrition Therapy Assessment" dated 7/25/2018 documents in part "Jevity 1.5 75 ml/hr, 175 ml Q (every) 3 hr. Nutrient content 2700 calories, 113 gram protein, 1368 + 1400 ml fluid volume. Weight Tracking" Height 65 inches Admission weight 117 pounds. BMI (Body Mass</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>Index) 19.6 IBW (ideal body weight) 62 kg (kilograms) total calories 1854-2163 kcal (kilocalories), total protein 74-93 grams, total fluids 1854-2163 ml. Patient tolerates tube feeding at good rate. Continue current rate and formula. Rate is higher than protein needs to promote wound heals and weight gain. Recommend sugar free Prostat in G tube to promote wound healing. Plan: Will monitor for tube feeding: weight, skin, lab, pertinent medication, supplement needs and plan of care. Goals: Tube feeding will be tolerated. Tube feeding will meet needs. Patient will be hydrated. Gut will function normally. Skin will show improvement. Weight will trend towards IBW." This initial Nutrition Assessment which is 15 days after admission does not consider significant weight loss since his admission, wounds, or laboratory blood test results.</p> <p>R3's "Weight" record documents 7/18/2018 100.5 pounds, 7/25/2018 101.6 pounds (mechanical lift), 7/25/2018 104.7 (Chair scale), 7/29/2018 101.9 (mechanical scale), 8/1/2018 101.9 (chair scale), 8/8/2018 100.1, 8/15/2018 86.9 (chair scale), 8/17/2018 100.4 (mechanical lift), 8/22/2018 101.6 (Chair scale)."</p> <p>R3's RD (Registered Dietitian's) Note, dated 8/17/2018 documents in part, "weight 86.9 pounds (-26.36 weight loss X 1 month), Weight history: 7/4: 117.3 pounds (hospital), 7/10: 118 pounds (local hospital), 8/01 101.9 pounds, 8/08: 100.1 pounds. Labs 7/30/18 Alb (albumin) 2.4. New labs order per family request. Labs scheduled for 8/20/2018. Estimated Needs: 1591-1818 Kcal, 54.5-63.6 gram protein, 1800 cc's fluid (1cc/kcal). Res'd (resident) at risk for severe protein calorie malnutrition as evidenced by weight loss, visual muscle wasting/atrophy,</p>	S9999		
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S9999	<p>Continued From page 17</p> <p>and non-healing pressure wounds. Current diet order providing 155% of calculated EEN (estimated energy needs), but res'd continues to suffer from worsening/severe muscle wasting/atrophy, weight loss, and non-healing pressure wounds. Family would like to change TF (tube feeding) formula to a higher calorie, high protein formula in hopes of promoting weight gain and wound healing. Brother states that "res'd have very high metabolism and was consuming almost 4000 calories daily." Per family's request, recommend changing TF to TwoCal 2.0 at 65 ml/22 hours with 250 ml water flush Q 4 hours. Goal rate: 80 ml/22hours to provide 3520 kcals, 147 protein, 1232 mL free water. Will monitor res'd progress and supp. (supplement) tolerance with weekly weights, residual output, labs, and wound healing."</p> <p>R3's "Nutrition Services Progress Note" dated 8/23/2018 documents "Res'd tolerating TF well. Recommend increasing TF to two cal 75 ml/22 hours to provide: 3300 kcal, 138 gram protein, 1155 ml free water. Continue with 250 ml water flush Q 4 hours. Monitor wt. (weight), residuals and tolerance."</p> <p>On 8/30/2018 at 1:45 PM, V2, Director of Nurses (DON) stated "The assessment on 7/25/2018, and notes on 8/1/18 and 8/23/18 are the only communications I know of from a Dietitian."</p> <p>The facility's policy on "Medical Nutrition Therapy: Assessment and Care Planning" dated 9/2017 documents in part, "A Registered Dietitian/Nutritionist (RDN) or other clinically qualified nutritional professional is responsible for the completion of a comprehensive nutrition assessment for all residents/patients for the purpose of identifying and planning the nutrition</p>	S9999		

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S9999	<p>Continued From page 18</p> <p>care based on the needs, goals, and preferences of each resident/patient. The resident/patient nutrition status will be assessed upon admission and monitored at least quarterly thereafter. 1. The RDN is responsible for the completion of the nutrition assessment for all residents within 14 days of admission. 2. The RDN will be responsible for the completion of a comprehensive assessment annually, upon referral, or as indicated by the clinical condition of the resident."</p> <p>3. R3's care plan dated 7/10/2018 - 7/30-2018 documents in part, "Problems: (R3) requires assessment and management of skin integrity, ADL's (activities of daily living), mobility, bowel and bladder, nutrition, psychosocial status, and discharge planning to attain/maintain their highest possible physical, mental, and psychosocial well-being. Goals: Nutritional needs will be met."</p> <p>R3's initial Care Plan dated 7/10/2018-7/30/2018 documents in part "Feeding tube, Goal: will be free of complications from use of feeding tube, "Provide tube feeding and flush as ordered. See MAR (medication administration record). Weigh weekly. Intake and output for new tube feeders for two weeks or if otherwise indicate."</p> <p>R3's Comprehensive Care Plan dated 7/30/2018 - Present documents in part ""Feeding tube-Jevity 1.5 , Goal: will be free of complications from use of feeding tube, "Provide tube feeding and flush as ordered. See MAR (medication administration record). Weigh weekly. Intake and output for new tube feeders for two weeks or if otherwise indicate."</p> <p>R3's care plan does not have individualized reference to his weight loss of 25.6 percent from</p>	S9999		
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S9999	<p>Continued From page 19</p> <p>admission to 8/15/2018, Laboratory blood tests out of range, or increased nutritional needs for wound healing.</p> <p>The facility's "Medical Nutrition Therapy: Assessment and Care Planning" policy dated 9/2017 documents in part "5. The RDN contributes to the comprehensive plan of care within 21 days of admission and reviews and revises the plan of care quarterly or as indicated by the clinical condition of the resident/patient."</p> <p>4. On 8/30/2018 at 1:45 PM, V2, Director of Nurses (DON) stated "The assessment on 7/25/2018, and notes on 8/1/18 and 8/23/18 are the only communications I know of from a Dietitian."</p> <p>The "Medical Nutritional Therapy Recommendations" Log dated 7/18/2018, 7/30/2018, 8/1/2018, 8/2/2018, 8/9/2018, and 8/14/2018 have no documentation regarding recommendations for R3.</p> <p>The "Medical Nutritional Therapy Recommendations" Log dated 7/25/2018 documents in part "(R3) Recommendations: Sugar free Prostat BID, Reasons: Wounds."</p> <p>The facility's "Medical Nutrition Therapy: Assessment and Care Planning" dated 9/2017 documents in part "6. The RDN recommendation for changes in the nutrition plan of care will be communicated to the licensed nursing team and the Dining Services Director via the summary recommendation sheet. 7. The RDN will be responsible for ensuring follow up and appropriate documentation of recommended changes in the plan of care."</p> <p>The facility's "Baseline Care Plan" policy dated</p>	S9999		
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