| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 17E197 | A. BUILDING _____ B. WING _____ | C 12/09/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| ROOKS CO SENIOR SERVICES INC DBA REDBUD VILLAGE | 1000 S WASHINGTON STREET PLAINVILLE, KS 67663 |

| (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 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of complaint investigation #KS00167113.<br><br>The 2567 was sent to the facilty on 12/14/21. | F 000 | | |
| F 692 SS=D | Nutrition/Hydration Status Maintenance<br>CFR(s): 483.25(g)(1)-(3)<br><br>§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-<br><br>§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;<br><br>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;<br><br>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.<br>This REQUIREMENT is not met as evidenced by:<br>The facility had a census of 23 residents. The sample included three residents reviewed for weight loss. Based on observation, record review, and interview, the facility failed to obtain an admission weight on one of three residents and failed to follow the Registered Dietitian's recommendations for obtaining weights weekly | F 692 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 12/14/2021

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| F 692 | Continued From page 1 | F 692 | | |

on Resident (R)1, placing R1 at risk for unidentified weight loss and/or delayed interventions.

Findings included:

- R1 's "Electronic Medical Record" (EMR) documented R1 was admitted to the facility on 10/20/21 with diagnoses of cerebral infarct (sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), moderate protein calorie malnutrition (a nutritional status which reduced availability of nutrients leads to changes in body composition and function), and dysphagia (swallowing difficulty).

The "Admission Minimum Data Set" (MDS) dated 10/26/21, documented R1 had "Brief Interview for Mental Status" (BIMS) score of 99 which indicated severe cognitive impairment. The MDS further documented the resident required total dependence of one to two staff for bed mobility, eating, dressing, toileting, and personal hygiene. The MDS documented R1 had difficulty swallowing, a percutaneous enteral gastrostomy tube (PEG-an artificial opening into the stomach thru the abdominal wall), and received more than 51% or more of her caloric intake was by tube feeding (the introduction of a nutrient solution through a surgically inserted tube into the stomach through the abdominal wall).

The "Feeding Tube Care Area Assessment" (CAA), dated 10/26/21, documented R1 was admitted from the hospital with a PEG tube in place and was receiving all of her nutrition via the PEG tube.

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| F 692 | Continued From page 2 | F 692 | | |

The "Alteration in Nutrition with Potential for Alteration in Hydration Care Plan" dated 11/02/21, documented R1 would maintain her weight and would not develop signs of dehydration and directed staff to weigh R1 as tolerated and document and report any significant variance to the physician.

The "Weight Loss Risk Assessment", dated 10/21/20, documented R1 was a high risk for weight loss.

The "Dietary Registered Dietitian Note", dated 10/21/21, documented that there was not admission weight for her to review. The Registered Dietitian recommended the facility obtain weekly weights.

The "Dietary Registered Dietitian Note", dated 10/28/21, documented there was still not weight for R1 since her admission to the facility. The Registered Dietitian documented she would coordinate with the facility staff to obtain weight or measurements on bedbound resident.

On 11/12/21, the facility obtained a weight on R1 and the weight was 133 pounds.

The "Dietary Registered Dietitian Note", dated 11/18/21, documented that weight and tube feeding review had been planned but R1 had been admitted to the hospital on 11/17/21. The Registered Dietitian documented she had reviewed residents weight and tube feeding regiment with the pharmacy and the physician and the hospital.

On 12/09/21 at 01:00 PM, Licensed Nurse (LN) G stated staff had not been getting R1's weight

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| F 692 | Continued From page 3 | F 692 | | |

because she was bed bound and could not sit up in a wheelchair. They finally figured out to lay a geri-chair flat and take her out to weigh R1 on the platform scale. LN G verified R1 had only been weighed once during her stay at the facility and that it is the facility's normal policy for weights to be obtained on admission to the facility.

On 12/09/21 at 01:30 PM, Administrative Nurse D stated the facility did have a Hoyer lift (an electronic lift used for transfers from one place to another) with a scale on it to do weights on bedbound residents but the scale was broke and the facility could not use it to obtain weights. Administrative Nurse D admitted that if the scale on the Hoyer lift had been working it would have made getting the weights easier.

On 12/09/21 at 01:30 PM, Administrative Staff A stated the facility had not gotten the resident up for a weight because she could not sit up in a wheelchair and was in too much pain. She stated she did not realize the scale on the Hoyer lift was broken. She stated she realized there was a problem with the weight when they obtained R1's weight on 11/12/21 because the dietary manager had come to her with concerns about R1's weight. She and the dietary manager had immediately called the registered dietitian and the registered dietitian changed the tube feeding order to five times per day so the resident would be getting enough calories. Administrative Staff A stated she understood there were concerns regarding not getting weights on R1 on admission and thereafter.

The facility's undated "Weight Monitoring and Weight Loss Intervention" policy document4ed all residents will be weighed on admission,

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| F 692 | Continued From page 4<br>readmission, and at least monthly. More frequent may be obtained as per facility policy. Weight loss intervention will be implemented to prevent further weight loss and to maintain/improve the resident's nutritional status.<br><br>The facility failed to provide the necessary weight monitoring for R1 who had tube feedings and failed to follow the Registered Dietitian's recommendations regarding obtaining weights for R1 placing R1 at risk for unintentional weight loss and /or delayed interventions. | F 692 | | |