STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255159	A. BUILDING _____ B. WING _____	C 10/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST RICHTON, MS 39476

(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
F 000	INITIAL COMMENTS	F 000		

The State Agency (SA) conducted a complaint investigation (CI) MS #18150, CI MS #18021, CI MS #18134, and CI MS #18058 at the facility from 10/4/21 through 10/16/21. During the survey, the facility was determined not to be in substantial compliance with the requirements for participation in Medicare and Medicaid. The SA substantiated CI MS #18058 for nutritional supplement not provided on meal trays and not providing feeding assistance for a resident with weight loss and a high risk for aspiration.

The State Agency (SA) identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on 8/25/21 when the facility failed to implement recommendations following a Barium Swallow Study for a resident who was high risk for aspiration.

The facility's failure to ensure recommendations were implemented following a Barium Swallow and failure to obtain orders for enteral feedings for 6 days after the placement of Resident #1's feeding tube, placed this resident and other residents at risk, in a situation that was likely to cause serious harm, injury, impairment, or death.

The State Agency (SA) notified the Administrator on 10/13/21 at 2:15 PM, of the IJ and SQC and provided the facility with IJ templates.

The IJ and SQC existed at:

42 CFR(s) 483.25(g)(1) Assisted nutrition and hydration (F692) - Scope and Severity "J".

IJ existed at:

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

Electronically Signed | 11/10/2021

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F 000	Continued From page 1 42 CFR 483.21 (b)(1) Comprehensive Care Plans (F656) - Scope and Severity "J". 42 CFR 483.21(b)(2)(iii) Comprehensive Care Plans (F657) - Scope and Severity "J". The facility submitted an acceptable Removal Plan on 10/14/21, in which the facility alleged all corrective actions were completed by 10/14/21 and the IJ was removed on 10/15/21. The SA validated the Removal Plan on 10/16/21 and determined the IJ was removed on 10/14/21, prior to exit, therefore the scope and severity for 42 CFR 483.21 (b)(1) Comprehensive Care Plans (F656), 42 CFR 483.21(b)(2)(iii) Comprehensive Care Plans (F657), and 42 CFR(s) 483.25(g)(1) Assisted nutrition and hydration (F692), was lowered from a "J" to a "D", while the facility developed a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. The SA substantiated CI MS # 18134 for resident preferences related to showers and cited F550 Resident Rights. CI MS #18150 for Resident Rights/Resident not treated with dignity and respect was also substantiated, however, no deficiencies were cited. The SA did not substantiate CI MS #18021 for Infection Control. The facility held a license for 60 beds, with a census of 45.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights	F 550		11/19/21

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F 550	Continued From page 2 CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her	F 550		

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F 550	Continued From page 3 rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, the facility failed to provide scheduled showers per resident preference at least three times a week for one (1) of three (3) residents observed. Resident #2. Findings: Review of facility policy titled, "Quality of Care", revised 4/19, revealed, "Each resident shall receive optimal care to attain and/or maintain the highest possible mental and physical functional status as determined by the comprehensive assessment and person-centered plan of care. Each resident's care is tailored to the functional status and needs they may have." ...A. Bathing, b. each resident receives a full bath at least three times weekly (unless otherwise indicated in facility policy or resident need)". On 10/4/21 at 1:50 PM, in an interview with Resident #2 she stated that she is supposed to get a bath three (3) times a week. She stated she is lucky if she gets one once a week. She stated the staff wants to give me bed bath and she does not like bed baths she likes "lay" (shower gurney in the shower room) baths. She stated she talked to the Certified Nursing Assistant (CNA) about not liking bed baths and nothing has changed. On 10/6/21 at 10:00 AM, in an interview with Resident #2 she stated she still has not had a bath. She stated she wants a bath and no one has offered to give her a bath today.	F 550	By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceeding and submit these responses pursuant to our regulatory obligations. Resident #2 received a gurney shower bath on October 7, 2021 upon notification of shower preference. Resident #2 bathing schedule was updated on October 21, 2021 by the facility Director of Nurses to reflect the resident's preference. All residents have the potential to be affected by the deficient practice Facility Director of Nursing initiated an in-service on October 13, 2021 with Registered Nurses, Licensed Practical Nurses, Certified Nurse Aides and Temporary Nurse Aides regarding resident bath and shower schedules including resident preferences. A Directed In-service was held on November 12, 2021 with facility Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistants, Temporary Aides, Housekeeping, Activities, Dietary, Social, Maintenance and Office staff by a Registered Nurse not affiliated with Perry County Nursing Center on Comprehensive Care Plans, Assisted Nutrition/Hydration and Resident Rights.	

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F 550	Continued From page 4 On 10/6/21 at 2:30 PM, in an interview with the Director of Nurses (DON) she stated the residents have assigned bath days. She stated B hall bath days are Monday, Wednesday and Friday and C hall days are Tuesday, Thursday, and Saturday. She stated staff are supposed to talk to the resident and see what kind of bath they want. She stated if a resident refuses, they are supposed to tell the nurse. She stated if staff did not document, it was not done. On 10/7/21 at 11:45 AM, in an interview with Resident #2 revealed, "I have not had a shower or bath in about 3 weeks. I have had bed baths but not in the shower, bed baths." Resident #2 revealed, "I have told the DON of the shower situation. The facility offers me shower chair showers, but my preference is the shower gurney, it has to be two (2) CNA to perform, and I am not sure why they haven't done it." Resident #2 revealed, "gurney showers really make me feel relaxed. I am in a lot of pain, frequently". On 10/7/21 at 2:25 PM, in an interview with CNA #8 revealed when a CNA gives a bath/shower they mark it on the bath roster but if Non-Applicable (N/A) is marked, it is probably because the CNA did not mark Activities Daily Living (ADL) and nurse completed, marked N/A, so charting would be complete. CNA #8 revealed Resident #2 requested a bed bath because she is in pain frequently and its more convenient for her to receive bed bath, plus she only liked one particular CNA to give her a shower, but she is no longer working at the facility. On 10/7/21 at 3:00 PM, in an interview with the DON revealed not having an actual shower bath	F 550	Facility Quality Assurance Committee Meeting was held on Wednesday, October 13, 2021 at 3:45 pm with the committee consisting of facility Director of Nurses, Nursing Home Administrator, Medical Director, Infection Preventionist, Registered Nurse and Licensed Practical Nurse. Topics discussed included bath and shower schedules along with resident bathing preferences. Director of Nursing and Registered Nurse reviewed bath and shower schedules including resident preferences for all active residents on October 21, 2021. Resident bathing schedules were adjusted to reflect resident preferences as needed on October 21, 2021. Director of Nursing and/or facility Staff Development Nurse began monitoring bath and shower schedules for completion with adherence to resident preferences on October 21, 2021. Director of Nursing and/or Licensed Nurse will continue to monitor resident bathing schedules for resident preferences three times per week for 4 weeks then weekly to ensure solutions are sustained until substantial compliance has been achieved. Areas of concern will be carried to the Quality Assurance Committee for corrective action. Facility Quality Assurance Committee meeting was held on November 12, 2021 with the committee consisting of facility Director of Nurses, Nursing Home Administrator, Medical Director, Infection Preventionist and Licensed Nurse to review bathing schedule preference monitoring. No areas were identified for corrective action. The	

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F 550	Continued From page 5	F 550		

or whirlpool may cause mental or physical problems, shower/whirlpool baths are very much required for mental wellbeing. The DON confirmed the bath roster is the only place baths are recorded and she did confirm the resident was not given showers according to the bath roster but she did get bed baths daily because of her requests.

Review of Resident #2's Face Sheet revealed the facility admitted Resident #2 on 10/01/18 with diagnoses including Spastic Hemiplegia affecting Left Dominant Side, Memory Deficit following other Cerebrovascular Disease, and Complex Regional Pain Syndrome.

Record review of Resident #2 annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/2/21 indicated a Brief Interview for Mental Status (BIMS) summary score of 10, which indicated the resident is moderately cognitively impaired, and Section G revealed, requires physical help in part of bathing activity.

Record review of Resident #2's Bath Roster which indicates the type of bath received, revealed from 8/28/21 to 9/30/21, Resident #2 had five (5) entries recorded as "N/A", five (5) entries recorded as a "bed bath", five (5) entries recorded as a "shower", and one (1) entry recorded as "Rejects shower-nurse notified". On 8/28/21 Non-applicable (N/A) is recorded, on 8/31/21 bed bath is recorded, on 9/2/21 N/A is recorded, on 9/4/21 bed bath is recorded, on 9/7/21 a shower is recorded, on 9/9/21 it is recorded as rejects shower-nurse notified, on 9/11/21 a shower is recorded, on 9/14/21 N/A is recorded, on 9/16/21 N/A is recorded, on 9/18/21 a bed bath is recorded, on 9/21/21 a bed bath is

facility Quality Assurance Committee meeting will be held monthly until substantial compliance is maintained.

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F 550	Continued From page 6 recorded, on 9/23/21 N/A is recorded, on 9/25/21 a shower is recorded, on 9/28/21 a shower is recorded, and on 9/30/21 a shower is recorded. Record review of Resident #2's Care Plan with a "Problem Onset" date of 10/1/2018 lists the "Problem/Need" as "Resident needs assist with shower/bathe self" and lists the "Goal" as "Resident will need substantial/maximal assist to shower/bathe self ...". Record review of Resident #2 Care Plan with a "Problem Onset" date of 10/1/2018 lists the "Problem/Need" as "Resident is dependent with ADLS R/T left sided spastic hemiplegia" and lists the "Goal" as "Resident will have no complications ...". Care Plan "Approaches" include " ...Staff assistance with lift x 2 manual staff assistance ...".	F 550		
F 656 SS=J	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required	F 656		11/19/21

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F 656	Continued From page 7 under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on record reviews, staff interviews and facility policy reviews, the facility failed to develop a care plan for a resident with a high risk of aspiration for one (1) of four (4) care plans reviewed. Resident #1. On 8/25/21, a Barium Swallow Study was obtained which revealed that Resident #1 was a Level 3 on the Penetration/Aspiration Scale, which indicated high risk for aspiration. The facility failed to ensure recommendations were implemented and a care plan developed following the Barium Swallow Study as evidenced by	F 656	Resident #1 plan of care was updated by a Registered Nurse on October 12, 2021 to reflect active diagnosis of dysphagia and risk of aspiration. All residents with aspiration risk have the potential to be affected by the deficient practice Facility Director of Nursing and Licensed Practical Nurse initiated an in-service on October 13, 2021 with Registered Nurses and Licensed Practical Nurses regarding Comprehensive Careplans, Careplan Revisions and Implementation. A Directed	

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F 656	Continued From page 8 Resident #1 was observed by the State Agency (SA) feeding himself a pureed diet without assistance of staff. Resident #1 required placement of an enteral feeding tube on 9/29/21. The facility failed to obtain orders for enteral feedings until 10/6/21, six (6) days after the placement of Resident #1's feeding tube. Resident #1 lost an additional four (4) pounds from 9/28/21 until 10/6/21. The failure to revise Comprehensive Care Plan to ensure residents receive adequate care according to the Comprehensive Care Plan, placed the resident in a situation that caused or is likely to cause serious harm, injury, impairment, or death. The situation was determined to be an Immediate Jeopardy (IJ) on 10/13/21 that began on 8/25/21 when the facility failed to ensure recommendations were implemented following a Barium Swallow for Resident #1. The facility failed to implement a comprehensive person-centered care plan for Resident #1 who required assistance with feeding. Resident #1 was observed attempting to feed himself without assistance from staff as identified on the comprehensive care plan. The SA notified the Administrator on 10/13/21 at 2:15 PM of the IJ and provided the facility with IJ templates. The IJ existed at: 42 CFR 483.21 (b)(1) Comprehensive Care Plans The facility submitted an acceptable removal plan on 10/14/21, in which the facility alleged all	F 656	In-service was held on November 12, 2021 with facility Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistants, Temporary Aides, Housekeeping, Activities, Dietary, Social, Maintenance and Office staff by a Registered Nurse not affiliated with Perry County Nursing Center on Comprehensive Care Plans, Assisted Nutrition/Hydration and Resident Rights. Facility Quality Assurance Committee Meeting was held on Wednesday, October 13, 2021 at 3:45 pm with the committee consisting of facility Director of Nurses, Nursing Home Administrator, Medical Director, Infection Preventionist, Registered Nurse and Licensed Practical Nurse. Topics reviewed and discussed included Comprehensive Careplan, Careplan Revisions and Implementation. Care plans were reviewed for all aspiration risk residents by Registered Nurses and Director of Nursing on October 13, 2021. Care plans were revised and implemented on October 13, 2021 as needed. Director of Nursing and/or facility Assessment Nurse began monitoring comprehensive careplans to ensure aspiration risk and interventions are updated and implemented on October 18, 2021. Director of Nursing and/or facility Assessment Nurse will continue to monitor careplans to ensure solutions are maintained weekly for 4 weeks then monthly until substantial compliance has been achieved. Areas of concern will be carried to the Quality Assurance Committee for corrective action. Facility	

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F 656	Continued From page 9 corrective actions were completed by 10/14/21 and the IJ was removed on 10/15/21. The SA validated the removal plan on 10/16/21 and determined the IJ was removed on 10/14/21, prior to exit, therefore the scope and severity for 42 CFR 483.21(b)(1) was lowered from a "J" to a level "D", while the facility developed a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings Include: Record review of the facility's policy "Care Plan Process", revision date 8/2017, when implemented properly, the CAA (care area assessment) process should help staff:... identify areas of concern that may warrant interventions; Develop, to the extent possible interventions to help improve, stabilize or prevent decline in physical, functional and psychosocial well-being, in the context of the resident's condition, choices, and preferences for interventions;..." Record review of a Physician order dated 3/16/20 revealed "Pureed diet with nectar thick liquids; avoid dry food Ex: (Bread, Crackers, Nuts, Dried Fruits); Ensure will all meals." On 10/4/21 at 12:30 PM, an observation of Resident #1 eating lunch revealed the resident attempting to feed himself but was spilling more food than he could get in his mouth. Licensed Practical Nurse #3 (LPN) and several CNAs were in the dining room assisting with passing out lunch trays to residents. Resident #1's left arm was paralyzed. Resident #1 was trying to eat with his right hand. Resident #1's right hand was	F 656	Quality Assurance Committee meeting was held on November 12, 2021 with the committee consisting of facility Director of Nurses, Nursing Home Administrator, Medical Director, Infection Preventionist and Licensed Nurse to review careplan revisions and implementation monitoring. No areas were identified for corrective action. The facility Quality Assurance Committee meeting will be held monthly until substantial compliance is maintained.	

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F 656	Continued From page 10	F 656		

trembling, and he had limited use of his fingers. SA observed the resident trying to put food in his mouth and spilling a larger portion on his clothing protector. Staff did not offer assistance to Resident #1 during the observation. Resident did not have Ensure on the meal tray.

On 10/4/21 at 12:40 PM, in an interview with LPN #2 she stated that usually the residents in the dining room feed themselves. She stated they had one feeding table. She pointed at a table with 4 residents. Resident #1 was at another table trying to feed himself.

Observation on 10/4/21 at 12:43, revealed Resident #1's left arm was paralyzed due to a Cerebral Infarction. Resident #1 was attempting to feed himself with his right hand. The SA observed the resident trying to put food in his mouth and wasting a larger portion on his clothes. SA observed staff in dining room but staff did not offer assistance to Resident #1 during the observation.

On 10/5/21 at 12:52 PM, an observation of LPN #2 walked over to Resident #1 table and removed his clothes protector. SA asked LPN #1 open clothing protector to see how much was left on the clothes protector. The resident had pureed meatloaf, green peas and mash potatoes. SA observed the resident tray had 35 percent(%) of food left on the tray. SA estimated that Resident consumed 40 percent of his food. SA observed 25% of Resident #1 food was on his clothing protector.

On 10/5/21 at 1:15 PM, in an interview with Certified Nursing Assistant #1 (CNA) stated she was told Resident #1 could feed himself. She

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stated they tell staff in report who needs assistance with eating. She stated she has tried to encourage him to feed himself. She stated Resident #1 will let staff feed him. She stated he spills a lot of his food somedays.

On 10/5/21 at 4:45 PM, in an interview with Director of Nursing (DON) stated staff are assisting Resident #1 with feeding.

On 10/11/21 at 1:55 PM, in an interview with Registered Nurse #3, the care plan nurse stated care plans are used for the type of care resident will receive. She stated the staff should follow the care plan. She confirmed that she has observed Resident #1 trying to feed himself. She stated "he drops a lot of his food, but he does get some in mouth."

On 10/11/21 at 4:05 PM, in an interview with the DON, she stated we had a system failure. She stated care plans are used by the nursing staff to know how to take care of the residents and care plans should be followed.

On 10/11/21 at 4:33 PM, in an interview with Administrator stated whenever she had observed Resident #1 he was not getting assistance with eating. She stated he would be a little messy eating. She stated she has never watched the whole meal.

Record review of the Face Sheet revealed Resident #1 was admitted to the facility on 2/3/20 with diagnoses that included Other Specified Arthritis, Unspecified Osteoarthritis, Lack of coordination, Need for assistance with personal care, Muscle weakness generalized, Cerebral Infarction, Weakness, Dysphagia and Adult

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F 656	Continued From page 12 Failure to Thrive. Record review of the Comprehensive Care Plan with a problem onset date of 2/3/20 revealed, Resident #1 receives a mechanically altered diet. Approaches included "...Serve diet as ordered...Allow ample time to ingest meal. Feed resident slowly." Record review of the Comprehensive Care Plan did not include care for diagnosis of Dysphagia or Risk for Aspiration. Removal Plan On October 13, 2021, at 2:31pm State Agency notified the Administrator that the facility was in Immediate Jeopardy (IJ) and templates were provided to the Administrator. The facility failed to implement the comprehensive person centered care plan for Resident #1 who required assistance with feeding, failed to provide supplement as ordered, and failed to provide assistance with eating during meals. The facility failed to revise the person centered care plan from potential to actual weight loss. On August 25, 2021 a barium swallow study was obtained related to swallowing difficulties. The facility failed to obtain results of the barium swallow study. On September 29, 2021 Resident #1 underwent a procedure to place a percutaneous endoscopic gastrostomy tube. Resident #1 returned to the facility with recommendations to consult nutritionist but with no enteral feeding orders. The facility failed to obtain orders for enteral feedings for six days after feeding tube placement. Resident #1 had a weight loss of 7.58% in the last 30 days and a weight loss of 17.51% in the last 180 days.	F 656		

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Corrective Action:

1. Facility Registered Dietitian #1 made recommendations for enteral feedings for Resident #1 on October 6, 2021. Recommendations discussed with Attending Physician #1 on October 6, 2021. New orders obtained and implemented on October 6, 2021. On October 13, 2021 results of barium swallow study was discussed with Registered Dietitian #1 and Attending Physician #1 with new order received and implemented on October 13, 2021 for Fibersource HN at 65ml/hr continuously.

2. Director of Nurses (DON) and Licensed Practical Nurse (LPN) #1 immediately initiated in-services with Registered Nurses, Licensed Nurses, Certified Nursing Assistants and Temporary Nurse Aides on October 13, 2021, at 3:10pm on Tube Feedings, obtaining orders timely for enteral feedings, Comprehensive care plans, Revision of Comprehensive Care Plans, Weight Loss interventions to include obtaining the physician's orders for oral supplements and frequency were added to the electronic medication administration record and the percentage of consumption would be recorded, providing required assistance during meal time, Addressing recommendations following barium swallow studies. In-services will be on-going and no Registered Nurses, Licensed Nurses, Certified Nursing Assistants, Temporary Aides or contract nursing and aide staff will be allowed to work until participation of the in-services are completed.

3. The facility Quality Assurance Committee Meeting was held on Wednesday October 13, 2021 at 3:45pm with the committee consisting of

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facility Director of Nurses, Nursing Home Administrator, Medical Director, Infection Preventionist, Registered Nurses (RN) #1, Registered Nurse (RN) #2,

Registered Nurse (RN) #3, and Licensed Practical Nurse (LPN) #1. Topics discussed included on Tube Feedings, Comprehensive Careplans, Revision of Comprehensive Careplans, Weight Loss interventions to include obtaining the physician's orders for oral supplements and frequency were added to the electronic medication administration record and the percentage of consumption would be recorded, Providing required assistance during meal time, Addressing recommendations following barium swallow studies, Providing Supplements as ordered and obtaining orders timely for enteral feedings. No policy changes were made however, facility made procedural changes on October 13, 2021 to include obtaining and addressing recommendations for barium swallow studies as well as obtaining orders for new peg tube placement enteral feedings. The Director of Nurses (DON), Registered Nurse (RN) #1 and Registered Nurse (RN) #2 will review recommendations of barium swallow studies to ensure recommendations are addressed with the Resident, Resident Representative and Physician and are implemented. All supplement orders have been placed on the electronic medication administration record, and the nurse will document intake percentage.
4. Forty one active residents were assessed by Registered Nurse #3 and the Director of Nurses (DON) for the level of assistance needed with meals on October 13, 2021. Three of forty one active residents were identified as needing assistance with meals. Staff will assist these

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residents with in-room dining or at assistive dining tables per resident's preference.

5.On October 13, 2021 Registered Nurse (RN) #1 reviewed records to identify residents requiring enteral feedings. Forty one active residents' records were reviewed and one of forty one active resident was identified as requiring enteral feedings. Registered Nurse (RN) #1 physically assessed one of forty one active residents' requiring enteral feeding.

On October 13, 2021 Registered Nurse (RN) #1 reviewed records to identify residents requiring assistance with eating. Forty one active residents' records were reviewed and three of forty one active residents' were identified as requiring assistance with eating. Registered Nurse (RN) #1 physically assessed the three of forty one active residents identified as needing assistance with eating.

On October 13, 2021 Registered Nurse (RN) #1 reviewed records to identify residents with significant weight loss. Forty one active residents' records were reviewed and six of forty one active residents were identified as having significant weight loss. Registered Nurse (RN) #1 physically assessed the six of forty one active residents identified as having significant weight loss.

On October 13, 2021 Registered Nurse (RN) #1 reviewed records to identify residents requiring supplements. Forty one active residents' records were reviewed and nine of forty one active residents were identified as requiring supplements. Registered Nurse (RN) #1 physically assessed the nine of forty one active residents identified as requiring supplements with

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no significant findings identified.

In the last six months three of forty one active residents had barium swallow studies performed. Registered Nurse (RN) #1 assessed and observed those three of forty one active residents on October 13, 2021 and also reviewed their barium swallow study results for recommendations. It was determined that the recommendations were being followed at this time.

Care plans were reviewed by Registered Nurse (RN) #1, Registered Nurse (RN) #2, Registered Nurse (RN) #3, and Director of Nursing for eighteen of forty one active residents on October 13, 2021. Care plans were revised and implemented on seven of the eighteen residents on October 13, 2021 for significant weight loss, assistance with eating, and supplements.

The facility alleges removal of the immediacy as of October 14, 2021 8:00am

On 10/16/21, the SA validated the facility's corrective actions through observation, interview, record review and in-service sign in sheets.

1.SA validated by interviews, observation and record reviews Resident #1 feeding started on 10/6/21. Facility Registered Dietitian #1 made recommendations for enteral feedings for Resident #1 on October 6, 2021. Recommendations discussed with Attending Physician #1 on October 6, 2021. New orders obtained and implemented on October 6, 2021. On October 13, 2021 results of barium swallow study was discussed with Registered Dietitian #1 and Attending Physician #1 with new order

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received and implemented on October 13, 2021 for Fibersource HN at 65ml/hr continuously.

2. SA validated by interviews and record reviews that the Director of Nurses (DON) and Licensed Practical Nurse (LPN) #1 immediately initiated in-services with Registered Nurses, Licensed Nurses, Certified Nursing Assistants and Temporary Nurse Aides on October 13, 2021, at 3:10pm on Tube Feedings, obtaining orders timely for enteral feedings, Comprehensive care plans, Revision of Comprehensive Care Plans, Weight Loss interventions to include obtaining the physician's orders for oral supplements and frequency were added to the electronic medication administration record and the percentage of consumption would be recorded, providing required assistance during meal time, Addressing recommendations following barium swallow studies. In-services will be on-going and no Registered Nurses, Licensed Nurses, Certified Nursing Assistants, Temporary Aides or contract nursing and aide staff will be allowed to work until participation of the in-services are completed.

3. SA validated through Quality Assurance sign in sheet dated 10/13/21 all disciplines attended. SA also interviewed staff who attended the Quality Assurance Committee Meeting held on Wednesday October 13, 2021 at 3:45pm with the committee consisting of facility Director of Nurses, Nursing Home Administrator, Medical Director, Infection Preventionist, Registered Nurses (RN) #1, Registered Nurse (RN) #2, Registered Nurse (RN) #3, and Licensed Practical Nurse (LPN) #1. Topics discussed included on Tube Feedings, Comprehensive Careplans, Revision of Comprehensive Careplans, Weight Loss interventions to include

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obtaining the physician's orders for oral supplements and frequency were added to the electronic medication administration record and the percentage of consumption would be recorded, Providing required assistance during meal time, Addressing recommendations following barium swallow studies, Providing Supplements as ordered and obtaining orders timely for enteral feedings. No policy changes were made however, facility made procedural changes on October 13, 2021 to include obtaining and addressing recommendations for barium swallow studies as well as obtaining orders for new peg tube placement enteral feedings. The Director of Nurses (DON), Registered Nurse (RN) #1 and Registered Nurse (RN) #2 will review recommendations of barium swallow studies to ensure recommendations are addressed with the Resident, Resident Representative and Physician and are implemented. All supplement orders have been placed on the electronic medication administration record, and the nurse will document intake percentage.

4. SA validated through observation, interviews, and record reviews that forty-one active residents were assessed by Registered Nurse #3 and the Director of Nurses (DON) for the level of assistance needed with meals on October 13, 2021. Three of forty-one active residents were identified as needing assistance with meals. Staff will assist these residents with in-room dining or at assistive dining tables per resident's preference.

5. SA validated through record review, staff interview, observation, interview and record review of residents with significant weight loss that on October 13, 2021, Registered Nurse (RN)

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#1 reviewed records to identify residents requiring enteral feedings. Forty-one active residents' records were reviewed, and one of forty-one active resident was identified as requiring enteral feedings. Registered Nurse (RN) #1 physically assessed one of forty-one active residents' requiring enteral feeding.

On October 13, 2021, Registered Nurse (RN) #1 reviewed records to identify residents requiring assistance with eating. Forty-one active residents' records were reviewed, and three of forty-one active residents were identified as requiring assistance with eating. Registered Nurse (RN) #1 physically assessed the three of forty-one active residents identified as needing assistance with eating.

On October 13, 2021, Registered Nurse (RN) #1 reviewed records to identify residents with significant weight loss. Forty-one active residents' records were reviewed, and six of forty-one active residents were identified as having significant weight loss. Registered Nurse (RN) #1 physically assessed the six of forty-one active residents identified as having significant weight loss.

On October 13, 2021, Registered Nurse (RN) #1 reviewed records to identify residents requiring supplements. Forty-one active residents' records were reviewed, and nine of forty-one active residents were identified as requiring supplements. Registered Nurse (RN) #1 physically assessed the nine of forty-one active residents identified as requiring supplements with no significant findings identified.

In the last six months three of forty-one active residents had barium swallow studies performed.

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F 656	Continued From page 20 Registered Nurse (RN) #1 assessed and observed those three of forty-one active residents on October 13, 2021 and also reviewed their barium swallow study results for recommendations. It was determined that the recommendations were being followed at this time. Care plans were reviewed by Registered Nurse (RN) #1, Registered Nurse (RN) #2, Registered Nurse (RN) #3, and Director of Nursing for eighteen of forty-one active residents on October 13, 2021. Care plans were revised and implemented on seven of the eighteen residents on October 13, 2021, for significant weight loss, assistance with eating, and supplements. The SA validated that all corrective actions to remover the IJ had been completed as of 10/14/21 and the IJ was removed on 10/15/21, prior to exit.	F 656		
F 657 SS=J	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of	F 657		11/19/21

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F 657	Continued From page 21 the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on record reviews, staff interviews and facility policy reviews, the facility failed to revise the Comprehensive Care Plan related to weight loss from potential to actual weight for one (1) of four (4) care plans reviewed. Resident #1. On 8/25/21, a Barium Swallow Study was obtained which revealed that Resident #1 was a Level 3 on the Penetration/Aspiration Scale, which indicated high risk for aspiration. The facility failed to ensure recommendations were implemented and a care plan developed following the Barium Swallow Study as evidenced by Resident #1 was observed by the State Agency (SA) feeding himself a pureed diet without assistance of staff. Resident #1 required placement of an enteral feeding tube on 9/29/21. The facility failed to obtain orders for enteral feedings until 10/6/21, six (6) days after the placement of Resident #1's feeding tube. Resident #1 lost an additional four (4) pounds from 9/28/21 until 10/6/21. Resident #1 had severe weight loss of 10.8% over six months.	F 657	Resident #1 plan of care was updated by a Registered Nurse on October 12, 2021 to reflect Resident #1 actual weight loss All residents with weight loss have the potential to be affected by the deficient practice Facility Director of Nursing and Licensed Practical Nurse initiated an in-service on October 13, 2021 with Registered Nurses and Licensed Practical Nurses regarding Comprehensive Careplans, Careplan Revisions and Implementation. A Directed In-service was held on November 12, 2021 with facility Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistants, Temporary Aides, Housekeeping, Activities, Dietary, Social, Maintenance and Office staff by a Registered Nurse not affiliated with Perry County Nursing Center on Comprehensive Care Plans, Assisted Nutrition/Hydration and Resident Rights. Facility Quality Assurance Committee Meeting was held on	

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F 657	Continued From page 22 The facility failed to revise the comprehensive person-centered care Comprehensive care plan to reflect Resident #1's change in status from potential to actual weight loss and ensure Resident #1 received adequate care according to the Comprehensive Care Plan, placed the resident in a situation that caused or is likely to cause serious harm, injury, impairment, or death. The State Agency (SA) identified an Immediate Jeopardy (IJ) that began on 8/25/21 when the facility failed to implement recommendations following a Barium Swallow Study for a resident who was high risk for aspiration. The SA notified the Administrator on 10/13/21 at 2:15 PM of the IJ and provided the facility with IJ templates. The facility submitted an acceptable Removal Plan on 10/14/21, in which the facility alleged all corrective actions were completed by 10/14/21 and the IJ was removed on 10/15/21. The SA validated the removal plan on 10/16/21 and determined the IJ was removed on 10/14/21, prior to exit, therefore the scope and severity for 42 CFR 483.21(b)(2)(iii) were lowered from a "J" to a level "D", while the facility developed a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings Include: Review of the facility's policy, "Care Plan Process", with a revision date of 8/2017 revealed, "Regulations require facilities to complete, at a minimum and at regular intervals, a	F 657	Wednesday, October 13, 2021 at 3:45 pm with the committee consisting of facility Director of Nurses, Nursing Home Administrator, Medical Director, Infection Preventionist, Registered Nurse and Licensed Practical Nurse. Topics reviewed and discussed included Comprehensive Careplan, Careplan Revisions and Implementation. Care plans were reviewed on all weight loss residents by Registered Nurses and Director of Nursing on October 13, 2021. Care plans were revised and implemented on October 13, 2021 as needed. Director of Nursing and/or facility Licensed Nurse began monitoring of comprehensive careplans to ensure weight loss and weight loss interventions are updated and implemented on October 18, 2021. Director of Nursing and/or Licensed nurse will continue to monitor comprehensive careplans to ensure solutions are sustained weekly for 4 weeks then monthly until substantial compliance has been achieved. Areas of concern will be carried to the Quality Assurance Committee for corrective action. Facility Quality Assurance Committee meeting was held on November 12, 2021 with the committee consisting of facility Director of Nurses, Nursing Home Administrator, Medical Director, Infection Preventionist and Licensed Nurse to review careplan revisions and implementation monitoring. No areas were identified for corrective action. The facility Quality Assurance Committee meeting will be held monthly until substantial compliance is maintained.	

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comprehensive, standardized assessment of each resident's functional capacity and needs... The results of the assessments which must accurately reflect the resident's status and needs, are to be used to develop, review, and revise each resident's comprehensive person-centered plan of care..."

Record review of the Registered Dietition (RD) Nutrition Assessment dated 10/6/21 at 2:49 PM revealed, "RD consulted to make recommendations for enteral feedings as resident is s/p (status post) PEG placement per family request ...weight 124 # (pounds) ...87% IBW ... wt (weight) loss in 30 days and 10.8% wt loss in 180 days-significant ...Nutrition Interventions: Recommend: Initiate Glucerna 1.2 at final goal rate of 65 ml/hour from 8 p.m. to 6 a.m. (10 hours total). Flush with 150 ml free water every 6 hours.

Record review of the Comprehensive Care Plan with a problem onset date of 2/3/20 with a goal/target date of 10/20/21 revealed " Problem/Need: Potential for weight loss."

Record review of all care plans in the medical record revealed there was no care plan for actual weight loss in the medical record.

On 10/11/21 at 1:55 PM, in an interview with Registered Nurse #3 (RN) the care plan nurse, stated care plans are used for the type of care the resident will receive. She stated if problems are left off the care plan the staff will not know the type of care to give to the resident. She stated she updates the care plan daily with new physician orders, changes in resident status and every quarter. She stated the paper chart and computer chart has the same care plan

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information. She stated the nurses can use either one for care. She stated it would be very important to have a care plan for dysphagia She stated the care plan tells the staff what to look out for. She stated if it is not on the care plan Resident #1 could choke if his liquids are not at the right thickness. She confirmed the resident has had weight loss and she should have taken potential out of the weight loss care plan. She stated she should have revised the care plan. She stated by taking out potential weight loss the staff would have weighted Resident #1 more often and kept up with how much he ate.

On 10/11/21 at 4:05 PM, in an interview with the Director of Nursing (DON), she stated Care Plans should have been updated. She stated he should have had a care plan for Dysphagia. She stated care plans are used by the nursing staff to know how to take care of the residents. She stated if it is not on the care plan the nursing staff would not know if they needed to do something special. She stated care plans should be reviewed and revised as needed.

On 10/11/21 at 4:33 PM, in an interview with the Administrator stated the care plans should be updated for staff to use. She stated it could have life and death for Resident #1 by staff not checking orders or following the care plan.

Record review of Resident #1's Face Sheet revealed Resident #1 was admitted to the facility on 2/3/20 with diagnoses that included Other specified arthritis, Unspecified Osteoarthritis, Lack of coordination,Muscle weakness-generalized, Cerebral Infarction, Weakness, and Dysphagia.

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Record review of the Comprehensive Care Plan revealed, Resident #1 has a potential for weight loss and does not have a Risk for Aspiration or Dysphagia care plan. Interventions for [potential weight loss was provided, assistance as needed (cueing, feeding resident).

Removal Plan

On October 13, 2021, at 2:31pm State Agency notified the Administrator that the facility was in Immediate Jeopardy (IJ) and templates were provided to the Administrator.
The facility failed to implement the comprehensive person centered care plan for Resident #1 who required assistance with feeding, failed to provide supplement as ordered, and failed to provide assistance with eating during meals. The facility failed to revise the person centered care plan from potential to actual weight loss. On August 25, 2021 a barium swallow study was obtained related to swallowing difficulties. The facility failed to obtain results of the barium swallow study. On September 29, 2021 Resident #1 underwent a procedure to place a percutaneous endoscopic gastrostomy tube. Resident #1 returned to the facility with recommendations to consult nutritionist but with no enteral feeding orders. The facility failed to obtain orders for enteral feedings for six days after feeding tube placement. Resident #1 had a weight loss of 7.58% in the last 30 days and a weight loss of 17.51% in the last 180 days.

Corrective Action:

1. Facility Registered Dietitian #1 made recommendations for enteral feedings for Resident #1 on October 6, 2021.

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Recommendations discussed with Attending Physician #1 on October 6, 2021. New orders obtained and implemented on October 6, 2021. On October 13, 2021 results of barium swallow study was discussed with Registered Dietitian #1 and Attending Physician #1 with new order received and implemented on October 13, 2021 for Fibersource HN at 65ml/hr continuously.

2. Director of Nurses (DON) and Licensed Practical Nurse (LPN) #1 immediately initiated in-services with Registered Nurses, Licensed Nurses, Certified Nursing Assistants and Temporary Nurse Aides on October 13, 2021, at 3:10pm on Tube Feedings, obtaining orders timely for enteral feedings, Comprehensive care plans, Revision of Comprehensive Care Plans, Weight Loss interventions to include obtaining the physician's orders for oral supplements and frequency were added to the electronic medication administration record and the percentage of consumption would be recorded, providing required assistance during meal time, Addressing recommendations following barium swallow studies. In-services will be on-going and no Registered Nurses, Licensed Nurses, Certified Nursing Assistants, Temporary Aides or contract nursing and aide staff will be allowed to work until participation of the in-services are completed.

3. The facility Quality Assurance Committee Meeting was held on Wednesday October 13, 2021 at 3:45pm with the committee consisting of facility Director of Nurses, Nursing Home Administrator, Medical Director, Infection Preventionist, Registered Nurses (RN) #1, Registered Nurse (RN) #2, Registered Nurse (RN) #3, and Licensed Practical Nurse (LPN) #1. Topics discussed included on Tube Feedings,

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Comprehensive Careplans, Revision of Comprehensive Careplans, Weight Loss interventions to include obtaining the physician's orders for oral supplements and frequency were added to the electronic medication administration record and the percentage of consumption would be recorded, Providing required assistance during meal time, Addressing recommendations following barium swallow studies, Providing Supplements as ordered and obtaining orders timely for enteral feedings. No policy changes were made however, facility made procedural changes on October 13, 2021 to include obtaining and addressing recommendations for barium swallow studies as well as obtaining orders for new peg tube placement enteral feedings. The Director of Nurses (DON), Registered Nurse (RN) #1 and Registered Nurse (RN) #2 will review recommendations of barium swallow studies to ensure recommendations are addressed with the Resident, Resident Representative and Physician and are implemented. All supplement orders have been placed on the electronic medication administration record, and the nurse will document intake percentage.

4. Forty one active residents were assessed by Registered Nurse #3 and the Director of Nurses (DON) for the level of assistance needed with meals on October 13, 2021. Three of forty one active residents were identified as needing assistance with meals. Staff will assist these residents with in-room dining or at assistive dining tables per resident's preference.

5. On October 13, 2021 Registered Nurse (RN) #1 reviewed records to identify residents requiring enteral feedings. Forty one active residents' records were reviewed and one of forty one active

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resident was identified as requiring enteral feedings. Registered Nurse (RN) #1 physically assessed one of forty one active residents' requiring enteral feeding.

On October 13, 2021 Registered Nurse (RN) #1 reviewed records to identify residents requiring assistance with eating. Forty one active residents' records were reviewed and three of forty one active residents' were identified as requiring assistance with eating. Registered Nurse (RN) #1 physically assessed the three of forty one active residents identified as needing assistance with eating.

On October 13, 2021 Registered Nurse (RN) #1 reviewed records to identify residents with significant weight loss. Forty one active residents' records were reviewed and six of forty one active residents were identified as having significant weight loss. Registered Nurse (RN) #1 physically assessed the six of forty one active residents identified as having significant weight loss.

On October 13, 2021 Registered Nurse (RN) #1 reviewed records to identify residents requiring supplements. Forty one active residents' records were reviewed and nine of forty one active residents were identified as requiring supplements. Registered Nurse (RN) #1 physically assessed the nine of forty one active residents identified as requiring supplements with no significant findings identified.

In the last six months three of forty one active residents had barium swallow studies performed. Registered Nurse (RN) #1 assessed and observed those three of forty one active residents on October 13, 2021 and also reviewed their

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barium swallow study results for recommendations. It was determined that the recommendations were being followed at this time.

Care plans were reviewed by Registered Nurse (RN) #1, Registered Nurse (RN) #2, Registered Nurse (RN) #3, and Director of Nursing for eighteen of forty one active residents on October 13, 2021. Care plans were revised and implemented on seven of the eighteen residents on October 13, 2021 for significant weight loss, assistance with eating, and supplements.

The facility alleges removal of the immediacy as of October 14, 2021 8:00am

Validation:

On 10/16/21, the SA validated the facility's corrective actions through observation, interview, record review and in-service sign in sheets.

1.SA validated by interviews, observation and record reviews Resident #1 feeding started on 10/6/21. Facility Registered Dietitian #1 made recommendations for enteral feedings for Resident #1 on October 6, 2021. Recommendations discussed with Attending Physician #1 on October 6, 2021. New orders obtained and implemented on October 6, 2021. On October 13, 2021 results of barium swallow study was discussed with Registered Dietitian #1 and Attending Physician #1 with new order received and implemented on October 13, 2021 for Fibersource HN at 65ml/hr continuously.

2. SA validated by interviews and record reviews that the Director of Nurses (DON) and Licensed

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Practical Nurse (LPN) #1 immediately initiated in-services with Registered Nurses, Licensed Nurses, Certified Nursing Assistants and Temporary Nurse Aides on October 13, 2021, at 3:10pm on Tube Feedings, obtaining orders timely for enteral feedings, Comprehensive care plans, Revision of Comprehensive Care Plans, Weight Loss interventions to include obtaining the physician's orders for oral supplements and frequency were added to the electronic medication administration record and the percentage of consumption would be recorded, providing required assistance during meal time, Addressing recommendations following barium swallow studies. In-services will be on-going and no Registered Nurses, Licensed Nurses, Certified Nursing Assistants, Temporary Aides or contract nursing and aide staff will be allowed to work until participation of the in-services are completed.

3. SA validated through Quality Assurance sign in sheet dated 10/13/21 all disciplines attended. SA also interviewed staff who attended the Quality Assurance Committee Meeting held on Wednesday October 13, 2021 at 3:45pm with the committee consisting of facility Director of Nurses, Nursing Home Administrator, Medical Director, Infection Preventionist, Registered Nurses (RN) #1, Registered Nurse (RN) #2, Registered Nurse (RN) #3, and Licensed Practical Nurse (LPN) #1. Topics discussed included on Tube Feedings, Comprehensive Careplans, Revision of Comprehensive Careplans, Weight Loss interventions to include obtaining the physician's orders for oral supplements and frequency were added to the electronic medication administration record and the percentage of consumption would be recorded, Providing required assistance during

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meal time, Addressing recommendations following barium swallow studies, Providing Supplements as ordered and obtaining orders timely for enteral feedings. No policy changes were made however, facility made procedural changes on October 13, 2021 to include obtaining and addressing recommendations for barium swallow studies as well as obtaining orders for new peg tube placement enteral feedings. The Director of Nurses (DON), Registered Nurse (RN) #1 and Registered Nurse (RN) #2 will review recommendations of barium swallow studies to ensure recommendations are addressed with the Resident, Resident Representative and Physician and are implemented. All supplement orders have been placed on the electronic medication administration record, and the nurse will document intake percentage.

4. SA validated through observation, interviews, and record reviews that forty-one active residents were assessed by Registered Nurse #3 and the Director of Nurses (DON) for the level of assistance needed with meals on October 13, 2021. Three of forty-one active residents were identified as needing assistance with meals. Staff will assist these residents with in-room dining or at assistive dining tables per resident's preference.

5. SA validated through record review, staff interview, observation, interview and record review of residents with significant weight loss that on October 13, 2021, Registered Nurse (RN) #1 reviewed records to identify residents requiring enteral feedings. Forty-one active residents' records were reviewed, and one of forty-one active resident was identified as requiring enteral feedings. Registered Nurse (RN) #1 physically

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assessed one of forty-one active residents' requiring enteral feeding.

On October 13, 2021, Registered Nurse (RN) #1 reviewed records to identify residents requiring assistance with eating. Forty-one active residents' records were reviewed, and three of forty-one active residents were identified as requiring assistance with eating. Registered Nurse (RN) #1 physically assessed the three of forty-one active residents identified as needing assistance with eating.

On October 13, 2021, Registered Nurse (RN) #1 reviewed records to identify residents with significant weight loss. Forty-one active residents' records were reviewed, and six of forty-one active residents were identified as having significant weight loss. Registered Nurse (RN) #1 physically assessed the six of forty-one active residents identified as having significant weight loss.

On October 13, 2021, Registered Nurse (RN) #1 reviewed records to identify residents requiring supplements. Forty-one active residents' records were reviewed, and nine of forty-one active residents were identified as requiring supplements. Registered Nurse (RN) #1 physically assessed the nine of forty-one active residents identified as requiring supplements with no significant findings identified.

In the last six months three of forty-one active residents had barium swallow studies performed. Registered Nurse (RN) #1 assessed and observed those three of forty-one active residents on October 13, 2021 and also reviewed their barium swallow study results for recommendations. It was determined that the

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F 657	Continued From page 33 recommendations were being followed at this time. Care plans were reviewed by Registered Nurse (RN) #1, Registered Nurse (RN) #2, Registered Nurse (RN) #3, and Director of Nursing for eighteen of forty-one active residents on October 13, 2021. Care plans were revised and implemented on seven of the eighteen residents on October 13, 2021, for significant weight loss, assistance with eating, and supplements. The SA validated that all corrective actions to remover the IJ had been completed as of 10/14/21 and the IJ was removed on 10/15/21, prior to exit.	F 657		
F 692 SS=J	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §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- §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; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when	F 692		11/19/21

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F 692	Continued From page 34 there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record reviews, and facility policy review, the facility failed to ensure a supplement was included on a meal tray, failed to follow recommendations from a Video Swallow Evaluation (Barium Swallow Study) for a resident identified as high risk for aspiration and failed to obtain orders for Percutaneous Endoscopic Gastrostomy (PEG) tube feedings after the placement of a PEG tube for a resident with severe weight loss for one (1) of four (4) residents reviewed for weight loss. Resident #1. On 8/25/21, a Barium Swallow Study was obtained which revealed that Resident #1 was a Level 3 on the Penetration/Aspiration Scale, which indicated high risk for aspiration. The facility failed to ensure recommendations were implemented following the Barium Swallow Study as evidenced by Resident #1 was observed by the State Agency (SA) feeding himself a pureed diet without assistance of staff. Resident #1 required placement of an enteral feeding tube on 9/29/21. The facility failed to obtain orders for enteral feedings until 10/6/21, six (6) days after the placement of Resident #1's feeding tube. Resident #1 lost an additional four (4) pounds from 9/28/21 until 10/6/21. The facility's failure to ensure recommendations were implemented following a Barium Swallow and failure to obtain orders for enteral feedings for 6 days after the placement of Resident #1's feeding tube, placed this resident and other residents at risk, in a situation that was likely to	F 692	Facility Registered Dietitian made recommendations for enteral feedings for Resident #1 on October 6, 2021. Recommendations discussed with Attending Physician on October 6, 2021. New orders obtained and implemented on October 6, 2021. On October 13, 2021 results of barium swallow study was discussed with Registered Dietitian and Attending Physician with new order received and implemented on October 13, 2021 for Fibersource HN at 65ml/hr continuously. All residents with barium swallow studies have the potential to be affected by the deficient practice. All residents with enteral feedings have the potential to be affected. All residents with supplements have the potential to be affected. Director of Nurses (DON) and Licensed Practical Nurse (LPN) initiated in-services with Registered Nurses, Licensed Nurses, Certified Nursing Assistants and Temporary Nurse Aides on October 13, 2021 regarding Tube Feedings, obtaining orders timely for enteral feedings, supplements and addressing recommendations following barium swallow studies. A Directed In-service was held on November 12, 2021 with facility Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistants, Temporary Aides, Housekeeping, Activities, Dietary, Social, Maintenance and Office staff by a Registered Nurse not	

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F 692	Continued From page 35 cause serious harm, injury, impairment, or death. The State Agency (SA) identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on 8/25/21 when the facility failed to implement recommendations following a Barium Swallow Study for a resident who was high risk for aspiration. The State Agency (SA) notified the Administrator on 10/13/21 at 2:15 PM, of the IJ and SQC and provided the facility with IJ templates. The facility submitted an acceptable Removal Plan on 10/14/21, in which the facility alleged all corrective actions were completed by 10/14/21 and the IJ was removed on 10/15/21. The SA validated the Removal Plan on 10/16/21 and determined the IJ was removed on 10/14/21, prior to exit, therefore the scope and severity for 42 CFR(s) 483.25(g)(1) Assisted nutrition and hydration (F692), was lowered from a "J" to a "D", while the facility developed a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: Record review of the facility's policy titled," Physician Orders", revision date 9/2018, it is the policy of the facility that all physician's orders will be implemented timely and carried out in a professional manner. Record review of the facility's policy titled," Nutritional Supplements", dated 12/2020, document intake of supplement. Nurses shall	F 692	affiliated with Perry County Nursing Center on Comprehensive Care Plans, Assisted Nutrition/Hydration and Resident Rights. The facility Quality Assurance Committee Meeting was held on Wednesday October 13, 2021 at 3:45pm with the committee consisting of facility Director of Nurses, Nursing Home Administrator, Medical Director, Infection Preventionist, Registered Nurse, and Licensed Practical Nurse. Topics discussed included Tube Feedings, obtaining orders timely for enteral feedings, supplements and addressing recommendations following barium swallow studies. No policy changes were made however, facility made procedural changes on October 13, 2021 to include obtaining and addressing recommendations for barium swallow studies as well as obtaining orders for new peg tube placement enteral feedings. The Director of Nurses and/or Registered Nurse began review of recommendations of barium swallow studies to ensure recommendations are addressed with the Resident, Resident Representative and Physician and for implementation of recommendations on October 18, 2021. Director of Nurses and/or a Licensed Nurse will continue to monitor weekly for 4 weeks then bi-weekly to ensure solutions are sustained until substantial compliance has been achieved. The Director of Nursing and/or Registered Nurse began monitoring enteral feeding and supplement orders for implementation on October 18, 2021. Director of Nurses and/or Licensed Nurse will continue to	

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F 692	Continued From page 36 pass and document intake of nutritional supplements. The order for the supplement is obtained and added to the Medication Administration Record (MAR) per facility protocol. Nurse must observe actual intake. Nursing staff document the amount of nutritional supplement consumed on the MAR. Record review of the Video Swallow Evaluation (Barium Swallow Study) performed 8/25/21, revealed, " ...ASSESSMENT SUMMARY: (Formal Name) evidenced severe oropharyngeal dysphagia characterized by decreased sensation, loss of bolus, impairment with tongue base retraction, residue in the vallecular cavity and on the post pharyngeal wall, and delayed cricopharyngeal opening. Secondary to these impairments, pt (patient) is a high risk for aspiration. Patient is a poor candidate for speech therapy services secondary to his decreased ability to follow commands and cognitive/communication impairments. Patient did evidence s/s (sign/symptoms) of aspiration/penetration with no signs of sensation or awareness by patient. SLP (Speech Language Pathologist) rx (prescribed) alternate means of nutrition for primary nutrition with allowance of pleasure feedings of nectar viscosity only, to maintain quality of life at this time. At this time, (Formal Name) is a Level 3, with the above consistencies provided, on the Penetration/Aspiration Scale as explained below: ...Level 3 Contrast enters the airway, remains above the vocal folds, and is not ejected from the airway (is seen in the airway after the swallow)" ..."Other Recommendations: Compensatory techniques: Due to patient's cognitive status, pt will need to be fed for any PO (by mouth) intake and observed closely for any s/s of aspiration; he	F 692	monitor weekly x 4 weeks then bi-weekly to ensure solutions are sustained until substantial compliance is obtained. Areas of concern will be carried to the Quality Assurance Committee for corrective action. Facility Quality Assurance Committee meeting was held on November 12, 2021 with the committee consisting of facility Director of Nurses, Nursing Home Administrator, Medical Director, Infection Preventionist and Licensed Nurse to review barium swallow study recommendations, enteral feeding orders and supplement order monitoring. No areas were identified for corrective action. The facility Quality Assurance Committee meeting will be held monthly until substantial compliance is maintained.	

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should be upright for all p.o. intake and for 30 minutes after, small bites/sips, alternate bites/sips; cue to swallow x2 ..." and "Diet Recommendations: Alternate means of nutrition; okay for PO of nectar viscosity for pleasure purpose only ..."

Record review of the RD Nutrition Assessment dated 8/29/21 revealed weight was 128 pounds, " ... Weight was stable at 30 days, 7.9% weight loss at 90-days and 13.5 % weight loss at 180 days -- significant. RD interventions continue current interventions. If PEG placed and enteral nutrition-initiated consult RD. (Subjective information: Noted of consult for PEG per family request. Weight loss follow up. Appetite stimulant ordered 5/11/21 ...Supplement ordered. Weights stable x30 days ...Current Nutritional Prescription: Pureed; avoid dry foods (bread, crackers, nuts, dried fruits) nectar thickened liquids; Ensure with meals (6/29/21) ...90% Ideal Body Weight (IBW OF 142 POUNDS) ..."

On 10/4/21 at 12:30 PM, an observation of Resident #1 eating lunch revealed the resident trying to feed himself but was spilling more food than he could get in his mouth. Licensed Practical Nurse #3 (LPN) and several CNAs were in the dining room assisting with passing out lunch trays to residents. Resident #1's left arm was paralyzed. Resident #1 was trying to eat with his right hand. Resident #1's right hand was trembling, and he had limited use of his fingers. SA observed the resident trying to put food in his mouth and spilling a larger portion on his clothing protector. Staff did not offer assistance to Resident #1 during the observation. Resident did not have Ensure on meal tray.

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On 10/5/21 at 11:52 AM in an interview with Responsible Party (RP) #2 for Resident #1, stated resident is on a pureed diet. RP #2 stated he did not understand resident was losing weight when he is on a pureed diet. RP #2 stated that when he visited Resident #1, he was skinny. RP #2 stated he talked to the nurse, and she told him that Resident #1's meal intake was 100%. RP #2 stated if he was eating 100 % of meals then he should not be losing weight. He stated Resident #1 has had problems swallowing before. RP #2 stated he made an appointment with a Gastroenterologist (GI) for Resident #1. RP #2 stated Resident #1 got a feeding tube five (5) days ago and still has not started getting feedings through the tube. He stated the Medical Doctor #1 told him they could start feedings in 24 hours after insertion. RP #2 stated the facility told him they were waiting on the Speech Therapist or Registered Dietician for a feeding order. RP #2 stated he has not been in the building during mealtime to observe Resident #1 eat but stated Resident #1 has had trouble feeding himself before. RP #2 stated he has talked to the Director of Nursing (DON) and Administrator about Resident #1, and they told him that he eats 100% of meals. RP #2 stated they falsified the records or did look at his shirt and see the food on his shirt.

On 10/5/21 at 12:35 PM, an observation of Resident #1 trying to feed himself without assistance revealed he continued to struggle with feeding himself and spilled about 25% of his lunch on his clothing protector.

On 10/5/21 at 12:52 PM, an observation of LPN #2 walked over to Resident #1 table and removed his clothes protector. SA asked LPN #1 open

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clothing protector to see how much was left on the clothes protector. The resident had pureed meatloaf, green peas and mash potatoes. SA observed the resident tray had 35 percent(%) of food left on the tray. SA estimated that Resident consumed 40 percent of his food. SA observed 25% of Resident #1 food was on his clothing protector.

Record review of Resident #1 meal tickets reveals Ensure with all meals dated 10/4/21 and 10/5/21.

Record review of Resident #1's documented meal intake for 10/4/21 revealed the resident consumed 75% of his lunch and on 10/5/21 he consumed 50% of his lunch.

On 10/5/21 at 1:15 PM, in an interview with Certified Nursing Assistant #1 (CNA) stated she was told Resident #1 could feed himself. She stated they tell staff in report who needs assistance with eating. She stated she has tried to encourage him to feed himself. She stated Resident #1 will let staff feed him. She stated he spills a lot of his food somedays.

Record review of Resident #1 Discharge Summary from the local hospital, dated 9/29/21, revealed please follow the post-PEG recommendations including nutritional consult for formula and volume external bolster 1 cm from abdominal wall, dry dressing only. Nothing by mouth for four (4) hours then water today, may use PEG today for medication and water. May use PEG tomorrow for feedings, antibiotic ointment to site for 24 hours and clean with soap and water daily and dry thoroughly. Remove dressing after 24 hours, then clean and dry daily.

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On 10/5/21 at 4:45 PM, in an interview with DON, she stated Resident #1 had a PEG tube placed on 9/29/21. She stated it was placed per family request. They wanted him to get another route of nutrition. She stated he had been having a fluctuating of his weight up and down. She stated they had talked to the family about his weight. She stated their provider had talked to the family. She stated Resident #1 did not like diet ordered and he wanted regular diet and she stated they started resident on appetite stimulants. She stated the appetite stimulants helped the resident. We have tried everything. She stated staff was assisting resident with eating during this time.

On 10/6/21 at 3:48 PM, in an interview with CNA #2/Transportation Driver stated she was given paperwork in relation to Resident #1's PEG tube, and she gave it to medical records. She stated she gives the order summary to the nurse at the nurse station.

On 10/6/21 at 3:57 PM, in an interview with the DON stated when nurses receive orders, they should carry them out. She stated Resident #1 came back from PEG tube placement on 9/29/21 at 4:26 PM. She stated LPN #4 was his nurse. The DON stated the GI doctor did not want feedings started until resident had a Registered Dietician (RD) evaluation, she stated she trusted what Registered Nurse #1 (RN)/Charge Nurse told her. She stated the charge nurse told her she would contact the RD to get an order for feedings. She stated she should have contacted the RD for an order. She stated when a resident does not eat or get feedings it can lead to death or a compromised immune system. She stated the resident would not have the strength to fight off

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diseases. She stated it could lead to failure to thrive. She stated she had not received the results of the Barium Swallow performed 8/24/21. She informed SA that she would call local hospital to get results.

On 10/6/21 at 4:15 PM, in an interview with LPN #4, stated that she could not recall getting any orders for Resident #1 on 9/29/21. She stated the local hospital called the report in. She stated they told her about a nutrition consult. She stated RN #1 usually makes the appointments. She stated she did not have an RD in the building when Resident #1 came back from the hospital. She stated it was her responsibility to let the oncoming nurse (11-7) know what was going on. She stated she told the nurse in report to make sure it is done. She stated it would be possible for the resident to have more weight loss if feedings were not started. She stated RN #1 puts the orders in the computer. She stated she did not know how to put orders in for a RD consult.

On 10/6/21 at 4:39 PM, in an interview with RN #1/Charge Nurse stated she was not at the facility when Resident #1 returned from PEG tube placement or if she was here, it was just a few minutes. She stated she does not remember getting discharge papers form the local hospital. She stated she usually gets discharge papers and make sure orders are carried out. She stated if she does not get paperwork it goes to the Medical Records and they put the orders in. She stated she was not informed about Resident #1's PEG tube care. She stated if she had seen the discharge papers, she would have given it to CNA #2/Transportation Driver to make the appointment. She stated she did know who the RD was. She stated normally resident get

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feedings immediately. She stated Resident #1 should have feedings by now. She stated she called local hospital, and they told her resident needed a nutrition consult. She stated she called CNA #2/Transportation about Resident #1 not having an appointment for Nutrition Consult. She stated that CNA #2 /Transportation told her that she had to call back an make the appointment. She stated it was her understanding that Resident #1 had to be taken to see a Nutritionist for a consultation to start feedings.

On 10/6/21 at 4:59 PM, in an interview with the DON stated a nutritionist consult means the resident needs to be seen by the RD. The DON stated she contacted the RD today for an order. She stated somebody dropped the ball and Resident #1 should have started feedings by day 2 following PEG tube placement. She stated Resident #1 will start feedings today.

On 10/7/21 at 10:59 AM, DON gave Barium Swallow results to SA. She stated this is not the final results. She stated this is the pre results.

On 10/7/21 at 11:23 AM, in an interview with the RD stated she was contacted by the facility yesterday or the day before about an order for Resident #1 feedings. She stated feedings are started within 24 hours. She stated facility contacts her by phone for orders. She stated the facility did not contact her before yesterday or day before for an order. She stated if they had she would have written the order at that time.

On 10/7/21 at 3:42 PM in an interview with MD #1 stated that Resident #1 had difficulty eating, family requested a PEG tube. He stated flushing should start right way after placement. He stated

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he usually waits four (4) hours before starting flushing. He stated Resident #1's feeding should have started within 24 hours of placement.

On 10/8/21 at 4:15 PM, in an interview with DON stated MD #1 ordered the Barium Swallow. She stated part of the pre-op for PEG tube placement is a Barium Swallow study. She stated the resident's nurse or RN #1 is responsible for getting test results. She stated if they don't get the results then it is the DON's responsibility to get the results. She stated resident was at risk for aspiration and could die.

On 10/11/21 at 12:09 PM in an interview with MD #2 stated he was aware that resident had some weight loss. He stated Dementia can cause loss of appetite. He stated the appetite enhancers seem not to work. He stated the resident was being weighed weekly. He stated he has not observed Resident #1 eating. He stated they discuss weight loss in the Quality Assurance (QA) meetings. He stated Resident #1was not capable of feeding himself 100 % of meals. He stated with Resident #1's history, he cannot feed self. He stated the resident has limited motion due to Cerebral Infarction. He stated the nutritional consult should have been done within a week.

On 10/11/21 at 4:05 PM, in an interview with the DON, stated we had a system failure. Our system needs to be changed. She stated things were not done in a timely manner. She stated physician orders should be followed immediately. She stated the staff needs to check the summary for new orders an implement those orders. She stated the nurses are supposed to report to each other what was not done to the oncoming nurse. She stated staff needs to document what they do

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better.

On 10/11/21 at 4:33 PM in an interview with Administrator stated it is their policy when a nurse receive orders, they are carried out. She stated she has stand up meetings. She stated the nurses should have followed up with the Barium Swallow results. She stated people should be doing their job. She stated it could have been a big giant thing. She stated it could have been life and death for Resident #1 by staff not checking orders. She stated if staff did not document it, it did not happen. She stated she has observed Resident #1 eating. She stated he would be a little messy eating. She stated she has never watched the whole meal.

On 10/12/21 at 1:30 PM, the SA attempted to interview Resident #1 in his room. He is able to understand handwritten messages and he used his cell phone to FaceTime with his son. The SA would ask Resident #1's son questions and he would then use sign language to communicate with the resident. The resident confirmed that staff will help him eat and he does not refuse their assistance. The SA asked if staff has always helped him eat and the son responded that he (the son) could answer that question for the SA. The son stated that Resident #1 used to eat without assistance but when the diet was changed to pureed consistency, he had trouble keeping food on the spoon and he would spill most of the food into his lap or on his clothes. The resident confirmed by nodding his head "no" that he has not received Ensure on his meal trays.

On 10/13/21 at 9:21 AM, during a phone interview with RP #2, spouse answered the phone. RP #2

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was not available. RP #2 spouse stated that she had been to the facility mostly in the evening she did not see Ensure on his tray during meals. She stated Resident #1 would be in his room or in the Dining room feeding himself. She stated the staff did not feed resident when she visited him.

On 10/13/21 at 9:37AM, in an interview with the Speech Therapist (ST), stated she started with the facility in 1/2021. She stated Resident #1 received ST services from 4/16/21 thru 6/17/21. She stated he was taken off the program due to non-compliance. She stated he was on a puree diet, and he was okay with it for meals. She stated when the snack cart came around, he wanted chips, cookies and crackers. She stated Resident #1 requested the puree diet because he coughed a lot. She stated she was aware he was on supplements. She watched him eat 2-3 times a week, and he coughed a lot while eating. She stated he would waste some on himself. She stated she could not estimate how much he wasted. She stated that she observed him eat lunch only in the dining room and his room. She stated she did not remember seeing Ensure on his tray in his room or dining room. She stated she was not aware of MD orders to feed the resident. She stated if the resident got Ensure and MD orders to feed resident were carried out then she believes his eating could have been restored.

On 10/13/21 at 10:53 AM, in an interview with the RD stated she has not been in the facility since the Pandemic started in March 2020. She stated she has never seen the resident eat.

On 10/15/21 at 1:19 PM in an interview with DM, stated she puts supplement orders on the printed

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meal ticket. She stated she gets a diet order from the medical records nurse gives me a printout of resident diet and supplements. She stated when she gets copy she puts it in the computer and it prints out on their tray card. She stated she relies on staff to put what is on ticket on the tray. She stated she cannot recall ever not seeing Ensure on Resident #1's tray.

On 10/15/21 at 1:50 PM in an interview with CNA #5 stated she has observed Resident #1 eat. She stated he feeds himself most of the time. She stated he wasted more with the puree diet. She stated she charted a 100 percent because the plate was clean.

Record review of the RD Nutrition Assessment dated 10/6/21 at 2:49 PM revealed, "RD consulted to make recommendations for enteral feedings as resident is s/p (status post) PEG placement per family request ...weight 124 # (pounds) ...87% IBW ... wt (weight) loss in 30 days and 10.8% wt loss in 180 days-significant ...Nutrition Interventions: Recommend: Initiate Glucerna 1.2 at final goal rate of 65 ml/hour from 8 p.m. to 6 a.m. (10 hours total). Flush with 150 ml free water every 6 hours.

Record review of the RD Nutrition Assessment dated 10/6/21 at 4:55 PM revealed, "Edited assessment from 10/6/21 ...weight 124 #...Nutritioanl Interventions: Recommend: 1) Initiate Fibersource HN at final goal rate of 65 ml (milliliters)/hr (hour) from 8 p.m. to 6 a.m. (10 hours total). Flush with 150 ml free water every six (6) hours. This will provide 780 kcal, 35grams protein, 1129ml fluid and 1250 total ml. 2) Discontinue Ensure as resident has not been consuming these ..."

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Record review of Resident #1's Face Sheet revealed Resident #1 was admitted to the facility on 2/3/20 with diagnoses that included Other specified arthritis, Unspecified Osteoarthritis, Lack of coordination,Muscle weakness-generalized, Cerebral Infarction, Weakness, and Dysphagia.

Record review of the quarterly Minimum Data Set with an Assessment Record date of 7/6/21 revealed a Brief Interview of Mental Status (BIMS) of seven (7). Review of section G revealed a 2 which means physical help with eating.

Removal Plan

On October 13, 2021, at 2:31pm State Agency notified the Administrator that the facility was in Immediate Jeopardy (IJ) and templates were provided to the Administrator.

The facility failed to implement the comprehensive person-centered care plan for Resident #1 who required assistance with feeding, failed to provide supplement as ordered, and failed to provide assistance with eating during meals. The facility failed to revise the person-centered care plan from potential to actual weight loss. On August 25, 2021, a barium swallow study was obtained related to swallowing difficulties. The facility failed to obtain results of the barium swallow study. On September 29, 2021, Resident #1 underwent a procedure to place a percutaneous endoscopic gastrostomy tube. Resident #1 returned to the facility with recommendations to consult nutritionist but with

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no enteral feeding orders. The facility failed to obtain orders for enteral feedings for six days after feeding tube placement. Resident #1 had a weight loss of 7.58% in the last 30 days and a weight loss of 17.51% in the last 180 days.

Corrective Action:

1. Facility Registered Dietitian #1 made recommendations for enteral feedings for Resident #1 on October 6, 2021. Recommendations discussed with Attending Physician #1 on October 6, 2021. New orders obtained and implemented on October 6, 2021. On October 13, 2021, results of barium swallow study was discussed with Registered Dietitian #1 and Attending Physician #1 with new order received and implemented on October 13, 2021 for Fibersource HN at 65ml/hr continuously.

2. Director of Nurses (DON) and Licensed Practical Nurse (LPN) #1 immediately initiated in-services with Registered Nurses, Licensed Nurses, Certified Nursing Assistants and Temporary Nurse Aides on October 13, 2021, at 3:10pm on Tube Feedings, obtaining orders timely for enteral feedings, Comprehensive care plans, Revision of Comprehensive Care Plans, Weight Loss interventions to include obtaining the physician's orders for oral supplements and frequency were added to the electronic medication administration record and the percentage of consumption would be recorded, providing required assistance during meal time, Addressing recommendations following barium swallow studies. In-services will be on-going, and no Registered Nurses, Licensed Nurses, Certified Nursing Assistants, Temporary Aides or contract nursing and aide staff will be allowed to work until

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participation of the in-services are completed.

3. The facility Quality Assurance Committee Meeting was held on Wednesday October 13, 2021, at 3:45pm with the committee consisting of facility Director of Nurses, Nursing Home Administrator, Medical Director, Infection Preventionist, Registered Nurses (RN) #1, Registered Nurse (RN) #2, Registered Nurse (RN) #3, and Licensed Practical Nurse (LPN) #1. Topics discussed included on Tube Feedings, Comprehensive Careplans, Revision of Comprehensive Careplans, Weight Loss interventions to include obtaining the physician's orders for oral supplements and frequency were added to the electronic medication administration record and the percentage of consumption would be recorded, Providing required assistance during meal time, Addressing recommendations following barium swallow studies, Providing Supplements as ordered and obtaining orders timely for enteral feedings. No policy changes were made however, facility made procedural changes on October 13, 2021, to include obtaining and addressing recommendations for barium swallow studies as well as obtaining orders for new peg tube placement enteral feedings. The Director of Nurses (DON), Registered Nurse (RN) #1 and Registered Nurse (RN) #2 will review recommendations of barium swallow studies to ensure recommendations are addressed with the Resident, Resident Representative and Physician and are implemented. All supplement orders have been placed on the electronic medication administration record, and the nurse will document intake percentage.

4. Forty-one active residents were assessed by

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Registered Nurse #3 and the Director of Nurses (DON) for the level of assistance needed with meals on October 13, 2021. Three of forty-one active residents were identified as needing assistance with meals. Staff will assist these residents with in-room dining or at assistive dining tables per resident's preference.

5. On October 13, 2021, Registered Nurse (RN) #1 reviewed records to identify residents requiring enteral feedings. Forty-one active residents' records were reviewed and one of forty-one active resident was identified as requiring enteral feedings. Registered Nurse (RN) #1 physically assessed one of forty-one active residents' requiring enteral feeding.

On October 13, 2021, Registered Nurse (RN) #1 reviewed records to identify residents requiring assistance with eating. Forty-one active residents' records were reviewed, and three of forty-one active residents were identified as requiring assistance with eating. Registered Nurse (RN) #1 physically assessed the three of forty-one active residents identified as needing assistance with eating.

On October 13, 2021, Registered Nurse (RN) #1 reviewed records to identify residents with significant weight loss. Forty-one active residents' records were reviewed, and six of forty-one active residents were identified as having significant weight loss. Registered Nurse (RN) #1 physically assessed the six of forty-one active residents identified as having significant weight loss.

On October 13, 2021, Registered Nurse (RN) #1 reviewed records to identify residents requiring supplements. Forty-one active residents' records

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were reviewed, and nine of forty-one active residents were identified as requiring supplements. Registered Nurse (RN) #1 physically assessed the nine of forty-one active residents identified as requiring supplements with no significant findings identified.

In the last six months three of forty-one active residents had barium swallow studies performed. Registered Nurse (RN) #1 assessed and observed those three of forty-one active residents on October 13, 2021, and also reviewed their barium swallow study results for recommendations. It was determined that the recommendations were being followed at this time.

Care plans were reviewed by Registered Nurse (RN) #1, Registered Nurse (RN) #2, Registered Nurse (RN) #3, and Director of Nursing for eighteen of forty-one active residents on October 13, 2021. Care plans were revised and implemented on seven of the eighteen residents on October 13, 2021, for significant weight loss, assistance with eating, and supplements.

The facility alleges removal of the immediacy as of October 14, 2021, 8:00am.

Validation:

On 10/16/21, the SA validated the facility's corrective actions through observation, interview, record review and in-service sign in sheets.

1.SA validated by interviews, observation and record reviews Resident #1 feeding started on 10/6/21. Facility Registered Dietitian #1 made recommendations for enteral feedings for

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Resident #1 on October 6, 2021. Recommendations discussed with Attending Physician #1 on October 6, 2021. New orders obtained and implemented on October 6, 2021. On October 13, 2021 results of barium swallow study was discussed with Registered Dietitian #1 and Attending Physician #1 with new order received and implemented on October 13, 2021 for Fibersource HN at 65ml/hr continuously.

2. SA validated by interviews and record reviews that the Director of Nurses (DON) and Licensed Practical Nurse (LPN) #1 immediately initiated in-services with Registered Nurses, Licensed Nurses, Certified Nursing Assistants and Temporary Nurse Aides on October 13, 2021, at 3:10pm on Tube Feedings, obtaining orders timely for enteral feedings, Comprehensive care plans, Revision of Comprehensive Care Plans, Weight Loss interventions to include obtaining the physician's orders for oral supplements and frequency were added to the electronic medication administration record and the percentage of consumption would be recorded, providing required assistance during meal time, Addressing recommendations following barium swallow studies. In-services will be on-going and no Registered Nurses, Licensed Nurses, Certified Nursing Assistants, Temporary Aides or contract nursing and aide staff will be allowed to work until participation of the in-services are completed.

3. SA validated through Quality Assurance sign in sheet dated 10/13/21 all disciplines attended. SA also interviewed staff who attended the Quality Assurance Committee Meeting held on Wednesday October 13, 2021 at 3:45pm with the

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committee consisting of facility Director of Nurses, Nursing Home Administrator, Medical Director, Infection Preventionist, Registered Nurses (RN) #1, Registered Nurse (RN) #2, Registered Nurse (RN) #3, and Licensed Practical Nurse (LPN) #1. Topics discussed included on Tube Feedings, Comprehensive Careplans, Revision of Comprehensive Careplans, Weight Loss interventions to include obtaining the physician's orders for oral supplements and frequency were added to the electronic medication administration record and the percentage of consumption would be recorded, Providing required assistance during meal time, Addressing recommendations following barium swallow studies, Providing Supplements as ordered and obtaining orders timely for enteral feedings. No policy changes were made however, facility made procedural changes on October 13, 2021 to include obtaining and addressing recommendations for barium swallow studies as well as obtaining orders for new peg tube placement enteral feedings. The Director of Nurses (DON), Registered Nurse (RN) #1 and Registered Nurse (RN) #2 will review recommendations of barium swallow studies to ensure recommendations are addressed with the Resident, Resident Representative and Physician and are implemented. All supplement orders have been placed on the electronic medication administration record, and the nurse will document intake percentage.

4. SA validated through observation, interviews, and record reviews that forty-one active residents were assessed by Registered Nurse #3 and the Director of Nurses (DON) for the level of assistance needed with meals on October 13,

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2021. Three of forty-one active residents were identified as needing assistance with meals. Staff will assist these residents with in-room dining or at assistive dining tables per resident's preference.

5. SA validated through record review, staff interview, observation, interview and record review of residents with significant weight loss that on October 13, 2021, Registered Nurse (RN) #1 reviewed records to identify residents requiring enteral feedings. Forty-one active residents' records were reviewed, and one of forty-one active resident was identified as requiring enteral feedings. Registered Nurse (RN) #1 physically assessed one of forty-one active residents' requiring enteral feeding.

On October 13, 2021, Registered Nurse (RN) #1 reviewed records to identify residents requiring assistance with eating. Forty-one active residents' records were reviewed, and three of forty-one active residents were identified as requiring assistance with eating. Registered Nurse (RN) #1 physically assessed the three of forty-one active residents identified as needing assistance with eating.

On October 13, 2021, Registered Nurse (RN) #1 reviewed records to identify residents with significant weight loss. Forty-one active residents' records were reviewed, and six of forty-one active residents were identified as having significant weight loss. Registered Nurse (RN) #1 physically assessed the six of forty-one active residents identified as having significant weight loss.

On October 13, 2021, Registered Nurse (RN) #1

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reviewed records to identify residents requiring supplements. Forty-one active residents' records were reviewed, and nine of forty-one active residents were identified as requiring supplements. Registered Nurse (RN) #1 physically assessed the nine of forty-one active residents identified as requiring supplements with no significant findings identified.

In the last six months three of forty-one active residents had barium swallow studies performed. Registered Nurse (RN) #1 assessed and observed those three of forty-one active residents on October 13, 2021 and also reviewed their barium swallow study results for recommendations. It was determined that the recommendations were being followed at this time.

Care plans were reviewed by Registered Nurse (RN) #1, Registered Nurse (RN) #2, Registered Nurse (RN) #3, and Director of Nursing for eighteen of forty-one active residents on October 13, 2021. Care plans were revised and implemented on seven of the eighteen residents on October 13, 2021, for significant weight loss, assistance with eating, and supplements.

The SA validated that all corrective actions to remover the IJ had been completed as of 10/14/21 and the IJ was removed on 10/15/21, prior to exit.