STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355110	A. BUILDING _____ B. WING _____	07/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELM CREST MANOR	100 ELM AVE NEW SALEM, ND 58563

(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 The Standard Medicare/Medicaid recertification survey started on 07/06/21 and concluded on 07/08/21.	F 000		
F 692 SS=D	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 there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on record review and review of facility policy, the facility failed to evaluate nutrition status for 2 of 4 sampled residents (Resident #2 and #10) with weight changes. Failure to adequately monitor and evaluate weights may contribute to unrecognized weight loss/gain and delay interventions.	F 692	1. Resident #10 was re-weighed on 7/7/21 which was a consistent weight. Resident #2 was re-weighed on 7/12/21. This weight showed another 20 lb loss. This resident was re-weighed again on 7/13/21 and the weight was consistent once again with their normal weight. 2. All residents in the facility have the	8/13/21

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

Electronically Signed | 07/26/2021

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F 692	Continued From page 1 Findings include: Review of a facility policy titled "Resident Weights" occurred on 07/08/21. This policy, dated 01/20/21, stated, ". . . If there is a variation to the weekly weight of the resident then there should be a reason for the variance. (ie, done with clothing on, done after dinner, done on a different scale than routinely used, etc) . . ." - Review of Resident #2's medical record occurred on all days of survey. Diagnoses included abnormal weight loss and Alzheimer disease. Review of Resident #2's weight record identified the following: * 06/07/21: 189 pounds (lbs.) * 06/14/21: 161 lbs. [14.81% weight loss with no reweigh or documentation of variance] * 06/21/21: 171 lbs. [5.59% weight gain with no reweigh or documentation of variance] * 07/05/21: 169.3 pounds lbs. - Review of Resident #10's medical record occurred on all days of survey. Diagnoses included acute respiratory failure with hypoxia and Type 2 diabetes with diabetic chronic kidney disease. Review of Resident #10's weight record identified the following: * 06/25/21: 103 lbs. [21.36% weight loss with no reweigh or documentation of variance] * 06/29/21: 81 lbs. During an interview on 07/08/21 at 12:55 p.m., a dietary manager (#1) confirmed staff should have	F 692	potential to be affected as all are weighed. 3. On 7/9/21 the Administrator contacted American Data ECS and had them add an alert that would pop-up if a CNA charted a weight that was greater then a 5 lb weight loss or weight gain. CNA's are instructed to notify the Certified Dietary Manager and Nurse of noted variance. A memo alert is also automatically sent to the Certified Dietary Manager and the Director of Nursing so there is follow through on reweighing that resident again within 24 hours. Director of Nursing will review this change in the electronic health record and importance of communicating weight variances immediately to the Certified Dietary Manager and Nurse at the next CNA meeting on August 3, 2021. Education will also be provided to the Nurses by the DON. 4. Certified Dietary Manager is going to track weights daily for 5 days, weekly for 4 weeks and then monthly thereafter. The weight variances will be reviewed monthly at the Quality Assurance Interdisciplinary meetings.	

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F 692	Continued From page 2 reweighed.	F 692		