

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2024
NAME OF PROVIDER OR SUPPLIER Main West Postacute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 812 West Main Street Turlock, CA 95380	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41119</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) maintained acceptable parameters of nutritional status when the Registered Dietitian (RD) was not notified of Resident 1's weight loss of 6.8 pounds (9.6%) in 3 weeks and by mouth (PO) intake was 60% to obtain recommendations to prevent unplanned and further weight loss.</p> <p>As a result of this failure, Resident 1's compromised nutritional status was not addressed which had the potential to lead to further medical complications.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (document containing resident demographic information and medical diagnosis) undated, the admission record indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's diagnosis included hypertension (high blood pressure), long term use of insulin (controls amount of sugar in the body) and muscle weakness.</p> <p>During a review of the facility document titled, Weights and Vitals Summary (WVS), dated 4/29/24, indicated the following weights and comparisons for Resident 1:</p> <p>1/16/24 159.28.2 lbs (pounds., unit of measurement)</p> <p>1/21/24 158.4 lbs</p> <p>1/30/24 151.6 lbs</p> <p>2/4/24 144 lbs (-5.0% change [comparison weight 1/16/24, 195.3 lbs, - 9.6%, -15.3 lbs] -7.5% change [comparison weight 1/16/24, 159.3 lbs, -9.6%, -15.3 lbs])</p> <p>2/12/24 137.8 lbs (10.0% change [comparison weight 1/16/24, 159.3 lbs, -13.5%, 21.5 lbs] -5.0% change [comparison weight 1/16/24, 159.3 lbs, -13.5%, -21.5 lbs])</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility document titled Order Summary Report (OSR), dated 1/17/24 indicated, NAS [no added salt], CCHO [Controlled Carbohydrate Diet (CCHO - a diet for people with diabetes (disorder in which the body does not produce enough or respond normally to insulin [hormone that regulates the amount of glucose in the blood], causing blood sugar (glucose) levels to be abnormally high) to help stabilize blood glucose levels [sugar in the blood]);] diet regular texture, regular liquids consistency.</p> <p>During a review of the Nutrition assessment dated [DATE], the RD documented the resident had risk for unintended weight loss, was a high nutrition risk and estimated needs were 1800 to 2150 calories, and 75 to 85 grams of protein per day. The RD documented the nutrition diagnosis was increased protein needs related to wound healing as evidenced by surgical wounds to right hip/thigh and diabetic ulcers to right and left knee/leg. The weight goal was weight maintenance. The RD inventions were to recommend: no added salt to current diet order and start a [brand name] wound healing supplement twice a day.</p> <p>During a concurrent telephone interview and record review on 5/17/24 at 10:03 a.m. with the RD, Resident 1' s Interdisciplinary (IDT) Weight Meeting dated 1/30/24 was reviewed. The IDT indicated, .Lost 6.8# in a week .Meal intake .in the last week 60% .Resident has a 6.8# weight loss in a week. PO [by mouth] intake is 60% he eats in his room and is able to feed himself .Continue to monitor weekly weights . The RD stated she completes monthly weight assessment no later than the 10th of every month. The RD stated she conducted her assessment on 2/7/24 with recommendations of sugar free health shakes to provide extra calories when she reviewed the weight report. The RD stated she was unaware of the IDT meeting on 1/30/24 and the continued weight loss. The RD stated if she was notified on 1/30/24 meeting she would have recommended the health shake at that time. The RD stated the facility conducted weekly weight meetings but she only attends the monthly meetings. The RD stated a wight change of 3 lb or 2% would trigger a review. The RD stated Resident 1 would need to eat 100% of his meals to meet his nutritional needs.</p> <p>During a review of Resident 1's percentage of meals eaten from 1/17/24 to 1/29/24, showed on average the resident ate 60% of meals, with 2 meals resident refused.</p> <p>During a review of Resident 1's RD Progress Note dated 2/7/24 indicted, .Significant weight loss of 15.3# 9. 6% x 1 month .37% PO intake x 5 days .significant weight loss .possibly d/t [due to] variable to per PO intake .given poor PO intake, resident may benefit from health shakes and weekly weights x 4 weeks .Recommend 4 [ounce-unit of measure two times daily] between meals give recent weight loss (provides 400 kcal [kilocalorie-unit of measure]/12 [gram-unit of measure] protein .</p> <p>During a review of the facility Nutritional Breakdown of the menu, undated, indicated for the CCHO diet it provided 1994 calories and 96 grams of protein per day.</p> <p>During a telephone interview on 5/17/24 at 11:01 with the Dietary Supervisor (DS), the dietary supervisor stated the IDT meetings were held weekly and monthly. The DS stated the RD was only present during the monthly meetings, the RD had access to review weights in the clinical record. The DS stated she was in the IDT weight meeting on 1/30/24 but did not notify the RD because the RD had access to review weights. The DS stated the weight IDT comprised of the Infection Prevention nurse, Social Service Director, Activity Director and herself. The DS stated the recommendation on 1/31/24 IDT meeting was to continue weekly weights because Resident 1 was a new admit, had recent surgery and was on antibiotics.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent telephone interview and record review on 5/17/24 at 11:04 a.m. with the Director of Nurses (DON), the facility policy and procedure (P&P) titled Weight Assessment and Intervention dated 03/2021 was reviewed. The policy indicated, .The multidisciplinary team will strive to prevent, monitor, and intervene for undesirable weight loss for our residents .The Dietitian will review the unit Weight Record to follow individual weight trends over time. Negative trends will be evaluated by the treatment team whether of not the criteria for significant weight change has been met . The DON stated the RD should be notified when there is a significant weight change.</p> <p>During a review of the American Academy of Family Physician journal, indicated .Elderly patients with unintentional weight loss are at higher risk for infection, depression and death .Involuntary weight loss can lead to muscle wasting, .depression and an increased rate of disease complications. Various studies demonstrated a strong correlation between weight loss and morbidity and mortality. One study showed that nursing home patients had a significantly higher mortality rate in the six months after losing 10 percent of their body weight, irrespective of diagnoses or cause of death. In another study, institutionalized elderly patients who lost 5 percent of their body weight in one month were found to be four times more likely to die within one year . (February 15, 2002/Volume 65, Number 4 www.aafp.org/afp American Family Physician)</p>		