STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165322	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cottage Grove Place	2115 First Avenue SE Cedar Rapids, IA 52402

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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25858 Based on observation, clinical record review, resident and staff interviews, the facility failed to implement interventions to prevent weight loss for 1 of 3 resident reviewed for weight loss (Resident #2). The facility identified a census of 50 residents. Findings include: The Minimum Data Set (MDS), dated [DATE] for Resident #2, revealed a Brief Interview for Mental Status (BIMS) score of 14 out of 15 indicating no cognitive decision making abilities or impairment. Resident #2 required set up assistance with eating. No weight loss, or unknown, at the time of the assessment. Diagnoses included: anemia, hypertension, chronic pain, and malaise. The Care Plan, Nutritional Status with an initiated dated 5/7/24, I am at risk and interventions included: *has an allergy to strawberries and mushrooms. Also reports that she can't eat fungus such as bleu cheese or cruciferous vegetables. *Provide alternative foods to avoid allergens and intolerance's. *likes to snack in her room. Family brings in snacks of preference such as nuts and dried fruit. *participates in filling out her own menus. She frequently does not order enough food on her menu. Per her usual orders 2 glasses of milk for meals and reports that she mostly fills up on milk. *Dietitian assists with adding more items to her menu with known preferences and input from family. *Monitor weights per facility policy *Provide Regular Diet per physician orders *is a vegetarian, provide appropriate food choices to accommodate her food preferences. *Provide set up assistance at meals The Nursing Progress Notes revealed the following entries: (continued on next page)

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

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1. On 2/5/2024 Dietary-Nutrition Profile Nutrition Diagnosis: Limited food acceptance related to vegetarian. Interventions: Provide menu alternatives that meet vegetarian diet. Monitoring/Evaluation: Monitor for menu acceptance and if providing sufficient alternatives. Monitor weight trend. 2. On 3/21/2024, Weight Change, Note Text: Question accuracy of 139.6#; reweigh not obtained. Has been maintaining 146-148# Reassess weight at April monthly weights 3 On 5/7/2024, Nutrition Note Text: Quarterly Nutrition Evaluation. Diet: Regular; Vegetarian Has allergies to mushrooms and strawberries. Reports digestive discomfort with cruciferous vegetables. Intakes: 0-75% PO intakes with no notable pattern, prefers small portions, likes two glasses of milk at meals and typically fills up on that 10-500 milliliters, snacks in her room likes nuts and dried fruit. Supplements/Interventions: 2 handled cups, no straws, soup in a mug. Dining: Eats in room and in the dining room. Eats independently with set up assistance. Weights: 140# (4/1) no change/mo and down 6#/since 1/30 4. On 5/31/2024, Weight Change, Note Text: Weight is down 10# since 4/1; -10.7% wt loss x 3 month and -6. 8% x 1 month. Weight loss related to decrease in meal intakes. Recently having issues with upset stomach and constipation. Nursing decreased Lortab and increased Senna. Change in meal intake also occurred around time Mirtazapine was discontinued. Question if this medication change affected her appetite. If continue to not see change after GI issues resolved may want to consider possibly starting antidepressant/appetite stimulant. At care plan conference family also brought up topic of hospice. Questions were invited and answered by Interdisciplinary Team. Recommendation/Plan: 1) Boost Plus BID. 2) Follow to see if med changes, decreased Lortab/increased Senna, help with GI issues. 3) Follow up with June monthly weight 5. On 5/31/2024, Health Status Note Text: Advanced Registered Nurse Practitioner (ARNP) approved 8 oz Boost plus BID for weight loss. Power of Attorney notified. 6. On 6/30/2024, Administration Note Text: Boost Plus 8 oz two times a day for weight loss. Resident refused to drink. 7. On 7/2/2024, Administration Note Text: Boost Plus 8 oz two times a day for weight loss. Resident refused. 8 On 7/2/2024, Administration Note Text: Boost Plus 8 oz two times a day for weight loss. Resident refused. 9. On 7/6/2024, Administration Note Text: Boost Plus 8 oz two times a day for weight loss. Resident declined boost 10. On 7/7/2024,Administration Note Text: Boost Plus 8 oz two times a day for weight loss. Resident declined stated I don't do that 11. On 7/7/2024, Administration Note Text: Boost Plus 8 oz two times a day for weight loss. Resident declined stated I don't drink that stuff (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	12. On 7/8/2024, Administration Note Text: Boost Plus 8 oz two times a day for weight loss, resident and daughter stated that she does not like it. 13. On 7/21/2024, Administration Note Text: Boost Plus 8 oz two times a day for weight loss. Resident declined boost stated I don't drink it. 14. On 7/21/2024. Administration Note Text: Boost Plus 8 oz two times a day for weight loss. Resident daughter stated she was not going to drink it. 15. On 7/22/2024, Administration Note Text: Boost Plus 8 oz,two times a day for weight loss. Resident refused boost. 16. On 7/25/2024, Administration Note Text: Boost Plus 8 oz two times a day for weight loss. Resident refused. 17 On 7/27/2024, Administration Note Text: Boost Plus 8 oz two times a day for weight loss. Resident refused. 18 On 7/27/2024, Administration Note Text: Boost Plus 8 oz two times a day for weight loss. Resident declined stated I don't drink that. 19. On 7/28/2024, Administration Note Text: Boost Plus 8 oz two times a day for weight loss. Resident refused. The Medication Administrator Record (MAR) dated June 2024, revealed an order for Boost Plus 8 ounces, two times a day for weight loss with a start date 5/31/24. The MAR documented the resident refused the Boost 5 times. The MAR dated July 2024, revealed the resident refused the Boost 28 times. The Electronic Health Record revealed the following weight for Resident #2: On 1/30/24, the resident weighed 146.4 pounds On 3/1/24, the resident weighed 139.6 pounds On 4/1/24, the resident weighed 140.2 pounds On 5/30/24, the resident weighed 130.6 pounds On 7/16/24, the resident weight 129.6 pounds Observation on 7/31/24, at 11:30 a.m., Resident #2 breakfast tray which had a burgundy bowl with oatmeal in it and a 1/2 banana that was not eaten, two burgundy mugs and two clear glasses of liquids and 3 packages of something on the tray and removed from the resident room. Resident stated that the food was not to her liking. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 7/31/24 at 2:15 p.m., Resident #2 confirmed that she was a vegetarian and that she does not like meat and that the facility will give her cheese all the time, she wishes that she could have tofu, that is what she served her family when she was at home and does not understand why she cant have the foods she served at home. Resident also said that she does not like to drink the boost that she is offered, it usually comes in a berry flavor and she is allergic to strawberries and that she would like to try a different type of supplement, she knows that she is a vegetarian and that it is hard to eat meat, but the facility should be able to assist me with tofu or other forms of protein. Interview on 8/1/24 at 10:10 a.m., the facility Director of Nursing (DON) and the facility Dietician, both confirmed and verified that Resident #2 was a vegetarian and it is the facility responsibility to furnish foods appropriate for that diet and currently the facility only provides a general diet. The DON stated that the facility will speak with the resident and get a diet approved to serve the vegetarian diet to Resident #2. Interview on 8/1/24 at 11:30 a.m., The DON and facility administrator confirmed and verified that the facility has no weight loss policy and that the expectation of the dietician is to do assessments with the resident and provide the needed diet and document the dislikes/likes and to monitor the weight losses in the facility and put in place interventions to keep the resident from weight loss. The facility follows the Federal Rules and Regulations.