

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/09/2024
NAME OF PROVIDER OR SUPPLIER  Hoyt Nursing & Rehab Centre		STREET ADDRESS, CITY, STATE, ZIP CODE  1202 Weiss St Saginaw, MI 48602	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38471</p> <p>This Citation pertains to Intake Number MI00146711</p> <p>Based on interview and record review the facility failed to order free water flushes (additional water provided to help meet daily fluid needs) for one resident (Resident #701) of two residents reviewed for enteral nutrition feedings, resulting in Resident #701 not receiving appropriate hydration from 07/12/2024 to 07/16/2024 (five days) with the possibility of dehydration.</p> <p>Findings Include:</p> <p>Resident #701:</p> <p>On 9/5/2024 a review was completed of Resident #701's records and it indicated she admitted to the facility on [DATE] with diagnoses that included, Hypomagnesemia, Atrial Fibrillation, Gastrostomy Infection, Dysphagia, Anxiety and Solitary Pulmonary Nodule. Further review revealed the following:</p> <p>Hospital Discharge Tube Feed Orders:</p> <p>.Recommend TF (tube feed) of Jevity 1.5 continuous @ goal rate of 45 mL (milliliter) x 22 hrs (holding 1 hr (hour) pre/post Synthroid administration) .FWF (Free water flush) 180 Q4H (every four hours) .</p> <p>Admission Tube Feed Orders:</p> <p>Enteral Feed Order every day and evening shift Jevity 1.5 continuous at 45ml/hr. Initiated on 7/13/2024.</p> <p>Admission Dietary Assessment 7/17/2024:</p> <p>Recommend- Bolus feeding Jevity 1.5 4 x/day (1.5,1,1,1.5). Providing: 1775 kcals, 75.5 pro, 900mL.</p> <p>Free water flush: Recommend 125ml pre- and Post flush providing 1000mL.</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>It can be noted upon admission the free water flush order for Resident #701 was not inputted. In turn the resident received no documented hydration from 7/12/2024 to 7/16/2024 (five days). On 7/17/2024 the Registered Dietitian completed the initial assessment, and this is when the free water flush was added.</p> <p>On 9/5/2024 at 4:25 PM, an interview was conducted with Registered Dietitian H regarding Resident #701's enteral feed order. Dietitian H stated the resident had a weight loss over the course of one week and they changed her order to nocturnal to promote more hunger during the day. This writer asked Dietitian H to show this writer the order for the admission free water flush . Upon reviewing the MAR (Medication Administration Record) Resident #701 did not have free water flushes ordered until the afternoon of 7/17/2024. Dietitian H was asked if it's documented on the FAR (Food Administration Record) the percentage of liquids the resident consumes with meals, and she stated they do not.</p> <p>On 9/9/2024 at 10:42 AM, Physician K was asked if he was aware Resident #701 did not receive five days of free water flushes. He shared he does recall being informed of this but agreed it was a concern if residents are not receiving the appropriate hydration.</p> <p>On 9/9/2024 at 11:17 AM, Clinical Care Coordinator (CCC) L was queried regarding the process for residents admitted on enteral nutrition. The CCC stated the admitting nurse would input the enteral nutrition orders based on the discharge summary from the hospital. She stated if the free water flushes were not listed on the discharge summary the nurse could contact the physician to obtain the order. The CCC was informed Resident #701 did not have orders for free water flushes until five days after her admission.</p> <p>On 9/9/2024 at 11:40 AM, Registered Dietitian H reported she did locate the hospital discharge order for the free water flushes. Which was in a separate document from the other discharge medications. Dietitian H was asked even if the document was overlooked were staff able to contact the physician to obtain an order until the nutrition assessment was completed, the dietitian stated, yes.</p> <p>Review was completed of the facility policy entitled, Enteral Nutritional Feeding, revised 9/23/2019. The policy stated, .To provide liquid nourishment and adequate hydration through a tube, into the stomach. Enteral Tube Feeding: The physician order is to include the following: a. Formula; b. Route; c. Rate; d. Gravity or pump; e. Start and stop times; f. Total amount of free water intake to be consumed in 24 hours . The Dietitian or Licensed Nurse will determine how much water allowance is distributed and this will be documented in the medical record .</p>		