

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/10/2024
NAME OF PROVIDER OR SUPPLIER  Edenbrook Rochester West		STREET ADDRESS, CITY, STATE, ZIP CODE 2215 Highway 52 North Rochester, MN 55901	

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** 38685</b></p> <p>Based on observation, interview and document review the facility failed to ensure food preferences were comprehensively assessed, a physician ordered nutritional supplement was available for administration and further failed to obtain physician ordered daily weights for 1 of 3 residents (R1) with impaired nutrition to help maintain adequate nutritional status that was consistent with the residents nutritional assessment, reviewed for weight loss.</p> <p>Findings include:</p> <p>Nutritional supplement: refers to products that are used to compliment a residents dietary needs (e.g., calorie or nutrient dense drinks .and meal replacement products).</p> <p>R1's order summary dated 2/20/24, identified an order to daily call MD if weight change of 3 pounds in 1 day or greater than 7 pounds in 1 week every day. An additional order dated 6/27/24, for Boost Breeze (a nutritional fruit flavored drink that provides extra calories and protein) every day at HS for additional nutritional support. On 8/27/24, identified to provide ProHeal (a liquid protein supplement for maximum protein content and absorption) give 1 ounce every day due to dialysis.</p> <p>R1's care plan revised 3/7/24, identified a problem, R1 was at risk for altered labs related to CKD (chronic kidney disease (when your kidneys are severely damaged and have stopped working properly, or are very close to failure) stage 5 with dialysis with potential for weight fluctuations. Goal revised 9/17/24, identified R1 will be free of signs and symptoms of dehydration, pertinent labs will remain within normal limits. Interventions revised 3/7/24, identified to record weight per facility protocol/MD orders. Monitor intake per facility protocol.</p> <p>R1's care plan did not identify and address goals for the physician ordered nutritional supplements and did not identify R1's food preferences.</p> <p>R1's annual Minimum Data Set (MDS) dated [DATE], identified R1's cognition was intact and had diagnoses of CKD stage 5, dialysis dependent (treatment that helps people with kidney failure by removing waste and excess fluids from the blood), left and right Below Knee Amputation (BKA) and diabetes. R1's height was 63 inches, and his weight was 120 pounds, had a loss of 5% or more in the last month or loss of 10% or more in the last 6 months, was not on a prescribed weight loss plan by the MD and received a therapeutic diet. Further identified it was very important to have snacks available in between meals.</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>R1's Nutritional assessment dated [DATE], identified R1 did not have a nutrition problem, was 63 inches and weighed 124.6 pounds and his usual body weight was 125 - 167 pounds in the last year which identified R1 had a significant weight change. R1 reported he liked most foods with the exception of pork .smaller carbohydrate portions given due to history of diabetes .received nutritional supplements and fortified foods. R1's current average meal intake was 2 meals per day on average, occasionally refused meals, and occasionally accepted snack between meals. R1 received regular renal diet, was independent with eating, no chewing or swallowing disorders and R1's current diet order/oral nutritional supplement(s) order provided adequate calories/protein to meet estimated nutritional needs. Continue current nutrition care plan, care plan was reviewed and updated.</p> <p>R1's Weight Vital Signs dated 12/10/24 identified R1 had weights taken on the following days:</p> <p>-10/16/24: 130.4 pounds</p> <p>-10/22/24 118.2 pounds</p> <p>-10/29/24: 114.6 pounds</p> <p>-11/5/24: 114.2 pounds</p> <p>-11/12/24: 114.2 pounds</p> <p>-11/28/24: 114 pounds</p> <p>R1's medical record reviewed and lacked documentation of daily weights as identified per MD orders and further lacked information that MD was notified of not following MD orders for further guidance with the monitoring of R1's weights.</p> <p>R1's Dialysis Fluid record reports identified the following weights:</p> <p>-10/23/24: 119.1 pounds</p> <p>-11/4/24: 119.7 pounds</p> <p>-11/13/24: 116.2 pounds</p> <p>-11/20/24: 116 pounds</p> <p>-11/26/24: 121 pounds</p> <p>-12/6/24: 116 pounds</p> <p>-12/9/24: 113.3 pounds</p> <p>R1's Medication Administration Record (MAR), dated November 2024, identified that R1 received 100% of nutritional supplements with the exception of the following dates:</p> <p>ProHeal:</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>R1's progress note dated 11/22/24 identified Boost Breeze for additional nutrition was on order.</p> <p>R1's progress note dated 12/2/24 identified daily weight was refused and ProHeal was refused made resident vomit.</p> <p>R1's progress note dated 12/2/24 identified no supply of Boost Breeze found.</p> <p>R1's progress note dated 12/3/24 identified daily weight and ProHeal was refused.</p> <p>R1's progress note dated 12/4/24 identified daily weight refused and ProHeal not given made him nauseated.</p> <p>R1's progress note dated 12/5/24 identified daily weight and ProHeal was refused.</p> <p>R1's progress note dated 12/7/24 identified daily weight refused and ProHeal not given made him sick.</p> <p>R1's progress note dated 12/8/24 identified daily weight and ProHeal was refused.</p> <p>R1's progress note dated 12/9/24 identified daily weight and ProHeal was refused.</p> <p>Review of Residents medical record there was no indication the physician was notified of R1's refusals to obtain the physician ordered daily weights nor evident the physician and/or RD was notified of R1's refusals to consume the nutritional supplement offered or the availability of the nutritional supplements so that alternative interventions if any could prescribed. R1's record did not include a comprehensive evaluation that addressed R1's behavior of refusing/rejecting the supplements for the development and implementation of alternative individualized interventions Furthermore, R1's record did not identify a physician evaluation that identified or determined R1's weight loss was expected and/or planned.</p> <p>During an interview on 12/10/24 at 2:21 p.m., R1 was lying in bed. Interview was performed via phone language interpreter. R1 stated, I do not like any of the food the facility has here, I do not like it, it is awful and has no taste. R1 stated he can't eat the breakfast here because the eggs are overcooked and taste bad. One year ago, my weight was 160 pounds and today I take a bath and weigh me, and I am 112 pounds. When asked if there was anything that could be done to help gain the lost weight back, R1 stated he needed the food he liked because the food here makes him nauseated, and he will only eat the food his son brings. When asked if nutritional supplements were offered, R1 stated sometimes they offer them but preferred the juice-based ones because the milk-based ones burn his stomach.</p> <p>During an interview on 12/10/24 at 10:06 a.m., nursing assistant (NA)-B stated R1 preferred Mexican food and very rarely ate the facility food. NA-B further stated she was usually unable to get him to eat breakfast unless he was really hungry. NA-B indicated R1 liked all authentic Mexican food, tamales, and all kinds of beans, scrambled and fried eggs. NA-B indicated R1 never refused to get weighed and his weight needed to be done without his clothes or prosthetics in the morning for an accurate reading using the full body mechanical lift weight. NA-B stated she did R1's weight today and was 114 pounds and indicated R1 was sleeping this morning so breakfast was not offered.</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 an interview on 12/9/24 at 2:13 p.m., NA-A stated R1 was very upset at another staff member yesterday because the staff member brought in a tray of the facility food. He yelled at her and called her horrible names, he told me he wanted his tamales from the refrigerator heated up. NA-A stated she heated up his tamales and R1 ate all of them, after he was done eating, he told me he was so upset because he was so hungry. NA-A stated R1 has asked to go to the store for him to get him a can of pinto beans and heat them up in the microwave for him, but NA-A was unable to because she does not drive. NA-A indicated R1 was not a daily weight and only got a weight on his bath day.</p> <p>During an interview on 12/9/24 at 1:54 p.m., licensed practical nurse (LPN)-A indicated R1 was a daily weight and verified his weights were not performed daily due to refusals. LPN-A indicated R1 always refused his ProHeal because it made him nauseated and was not aware that he was supposed to receive Boost Breeze nutritional supplement. LPN-A reviewed the medical record and stated R1's weights have not been performed per MD orders and was not receiving his nutritional supplements ProHeal and Boost Breeze daily as ordered. LPN-A stated the provider was not notified that R1 was not receiving his nutritional supplements and of the weight refusals and should have been. LPN-A further stated R1's meal intake is not that great, rarely eats breakfast, he has lost weight, will not eat the facility food, and only liked Mexican food that R1's son would bring in.</p> <p>During an interview on 12/9/24 at 2:33 p.m., registered nurse (RN)-A stated R1 had not been refusing his Boost Breeze nutritional supplements, we haven't had them available in the building to give him, it's been a couple weeks. RN-A indicated R1 would only eat Mexican food, when we try to give him facility food, he will not eat it. RN-A stated R1 was supposed to have daily weights every morning and was not sure if he had lost weight. RN-A stated she had documented in R1's medical record that the nutritional supplements were not given because they were not available to give.</p> <p>During a phone interview on 12/9/24 at 4:09 p.m., registered dietician (RD)-A stated she was a new employee with the facility on 12/2/24 but had reviewed R1's medical record and noted a concern with his weight loss. RD-A stated R1 was not getting daily weights as ordered along with not always receiving his nutritional supplements. RD-A further stated she would prefer to be notified right away when a resident is not receiving supplements along with several days of low food intakes. RD-A was notified the facility did not have any Boost Breeze available and indicated Boost Breeze was a juice flavored nutritional supplement versus a milk based one and was ordered due to his refusals of the milk-based supplements. RD-A stated the nutritional supplements were ordered to provide additional nutrition, protein, and calories to help maintain R1's nutrition and weight loss. RD-A further stated she would need to confer with R1's dialysis registered dietician (RD) to ensure identified interventions are put in place for R1 due to his high risk for malnutrition and weight loss and would need very close monitoring of his nutritional intake.</p> <p>During a phone interview on 12/10/24 at 11:04 a.m., dialysis nurse manager (DNM)-A stated R1 received dialysis once a week to clean his blood, we do not pull fluid from him. DNM-A indicated R1 did not bring any lunch to his appointments but would be offered a protein shake Novosource which is a milk-based supplement. DNM-A stated sometimes R1 would drink one towards the end of his appointment. DNM-A stated R1 last had dialysis on 12/9/24 and his pre-dialysis weight was 113.6 and post dialysis weight was 118.4 pounds. DNM-A further stated she gave R1 saline fluids to keep his blood pressure up so post weights are typically more than the pre-weights. DNM-A stated R1's food preferences were authentic Mexican food, yesterday R1's family brought Mexican food to him here to take back to the facility with him.</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 an interview on 12/9/24 at 2:38 p.m., director of nursing (DON) reviewed R1's medical record and indicated R1 had recent weight loss, acknowledged R1's MD orders for weight monitoring and notification, and stated R1's weights were not being provided daily and the provider had not notified. DON indicated an unawareness that R1 was only eating the food his son would bring in. DON stated they had been out of the Boost Breeze due to being bought out by another company and the ordering was not followed through.</p> <p>Facility policy and procedure, Diet and Diet Orders, revised 12/11/23, identified Policy: All diets will be prescribed by the Attending Physician. The Dietitian will review diets for accuracy and therapeutic goals and recommend changes to the Physician as deemed appropriate. Liberalized diets will be provided whenever applicable to improve quality of life and provide optimum nutrition without the use of restrictive diets. When necessary, the Attending Physician will order therapeutic or mechanically altered diets to address certain diseases and/ or facilitate oral intake . Responsibilities: Dietitian - Monitor compliance with policy by ensuring accuracy of diets and communicating changes or recommendations. Ensures that care plan is updated with diet changes. Food Service Director/Dietary Manager - Ensures that food provided is consistent with diet order and that tray card accurately reflects resident/patient diet order and food preferences.</p>		