STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245382	A. Building B. Wing	01/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Madison Healthcare Services	900 Second Avenue Madison, MN 56256

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review, the facility failed to notify the physician timely when enteral nutrition (tube feedings) was not administered as ordered for 1 of 3 residents (R1) reviewed for nutrition after staff identified the equipment used to deliver nutrition had missing parts.Findings include:R1's quarterly Minimum Data Set (MDS) assessment dated [DATE], identified R1 was cognitively intact without behaviors. R1's diagnoses included anemia (low red blood count), malnutrition, depression, Parkinson's (brain cells that make dopamine, a chemical that coordinates movement stop working or die), and chronic vascular disorders of intestines. R1's weight was 109 pounds (lbs.) and received tube feedings.R1's medical doctor (MD)-A visit note dated 11/19/25, included weight improved after increasing tube feeding, and maintains weight of 110 pounds. R1's care plan dated 12/22/25, identified R1 had a feeding tube and directed staff to administer free water flushes, enteral feeds and site care per primary care provider orders.R1's Electronic Medication/Treatment Administration Record (EMAR/TAR) reviewed from 12/25/25 through 1/8/26, identified: R1 was not administered seven scheduled tube feedings and free water 30 ml (milliliters) flushes as ordered.R1's provider orders at time of missed tube feeding included and not limited to:-On 10/16/24, Regular diet- easy to chew texture, thin regular consistency as tolerated.-On 11/20/24, Daily weight one time a day every Tuesday, Thursday, Saturday related to unspecified severe protein-calorie malnutrition: abnormal weight loss. Update Provider with any notable changes.-On 2/20/25, Change the extension tubing for MIC-KEY (used for tube feeding) port one time a day every month starting on the 20th. -On 11/20/25, administer 1 container of [NAME] Farms 1.5 (325 ml/455 calories per container) at 75ml per hour times four hours once a day every Tuesday, Thursday, and Saturday. (goal weight 108 -112lbs). -On 12/4/25, free water flush 30 ml one time a day every Tuesday, Thursday, and Saturday for enteral tube feeding.R1's progress notes identified:-On 12/4/25 at 12:11 p.m. Interdisciplinary Team (IDT) Nutritional Risk: weight 112 pounds. No refusals. Her weight was currently within a healthy range and has been stable over the past 90 days, continues external feeds, registered dietician (RD) goal weight remained 112-117 pounds. Continue to monitor, enteral feeds, and promote oral intake.-On 12/25/25 at 8:29 p.m. Enteral Feed: MIC-KEY tube extensions (used for daily continuous/pump feeding) were both thrown away and there were no replacements available to administer feeding.-On 12/25/25 at 10:11 p.m. Unable to get enteral feeding this shift due to MIC-KEY tube extensions not being in room and no new ones available.-On 12/27/25 at 7:19 p.m. No MIC-KEY extension tubing to give feeding, flushes, or check residuals.-On 12/30/25 at 4:09 p.m. Unable to do tube feeding, does not have supplies, supplies on order. At 4:11 p.m. feeding was not received related to supplies.-On 1/1/26 at 8:17 p.m. Enteral feed order and free water flush: No extension to administer feeding or flush.-On 1/2/26 at 10:26 p.m. Change syringe daily on evening shift. G-tube not utilized.-On 1/3/26 at 8:12 p.m. Enteral feed unable to administer. No equipment available, awaiting delivery.-On 1/4/26 at 3:56 (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	p.m. R1 is freezing cold, weak, and stated she felt like she was dying. R1 requested to be seen by medical doctor (MD) today. Sent to emergency room (ER).-On 1/4/26 at 5:56 p.m. R1 returned from ER. No new orders, follow up with MD in three days.-On 1/8/26 at 1:59 p.m. R1 to appointment for follow-up from ER visit.-On 1/8/26 at 2:59 p.m. back from appointment. Orders to consult dietician due to recent weight loss. Change tube feedings to four times a week, Tuesday, Thursday, Saturday, Sunday, daily weights. Follow up in one week. Appointment made with provider for 1/15/26 at 1:30 p.m.-On 1/8/26 at 11:38 p.m. Enteral feed order and free water flush. Extension not available and R1 will not drink supplement.-On 1/9/26 at 4:00 p.m. Late Entry: per administrator, included; called R1's daughter on 1/9/26, to follow up on a voicemail she had left regarding a concern about her mom. She had been informed by licensed practical nurse (LPN)-A her mom had not been getting fed by the feeding tube due to a part being lost. Her mom had been seen by a provider in the clinic and weighed 101lbs. Conversation with LPN-A indicated, R1'daughter was informed at some point R1 weighed 101lbs and the daughter was concerned about weight loss. LPN-A informed R1's daughter the same issue with the missing tubing happened back in September for 10 days.-On 1/9/26 at 4:02 p.m.Extension tubing was delivered. R1's record lacked provider notification of missed tube feedings due to inability to locate a MIC-KEY tube connection, not following physician orders and R1's weight loss until 1/8/26.R1's visit with nurse practitioner (NP)-B on 1/8/26, identified R1 had lost weight since her ER visit even though she ate three meals a day, although occasionally skipped breakfast and receives tube feedings three times a week. R1's weight 101.5 lbs. Assessment Plan: her weight has decreased to 101lbs, below the goal weight of 110 set by MD-A. Notified after visit, R1 had not received tube feedings for 10 days due to missing connector, this has been ordered and will be restarted tomorrow.During an interview on 1/12/26 at 4:15 p.m. family member (FM)-A stated on 1/9/26, she was informed by a staff nurse R1 had not received her tube feedings since 12/25/25, due to missing connector piece for her tube feedings.During an observation and interview on 1/13/26 at 11:49 a.m. nursing assistant (NA)-C had just transferred R1 back into her recliner. NA-C stated R1 was weighed with results of 100.5 lbs.R1's care conference on 1/13/26 at 2:00 p.m. director of nursing (DON) indicated R1's MIC-KEY connection was missing on Christmas day, written on the order tablet located in the medication room, was missed due to her not working on that holiday, and should have been followed up by other staff nurses. The MIC-KEY connection had been thrown out and should not have been.During an interview on 1/13/26 at 4:50 p.m. licensed practical nurse (LPN)-A stated a feeding tube was placed to help R1 maintain her nutritional status. Provider ordered tube feedings to be given Tuesday, Thursday, and Saturday in December 2025, and 30 ml of water flushes before feeding and after. LPN-A indicated the facility received the tube feeding supplies on 1/9/26. Staff would have been expected to offer the [NAME] Farms solution by mouth and unsure if they did. Staff would have been expected to notify a provider when the MIC-KEY connection was unavailable and unable to administer tube feedings. LPN-A received a phone call from the clinic nurse who was calling to verify the receipt of new orders. During this same phone call LPN-A updated the clinic nurse of R1's missing tube feeding part and R1 had not received her feedings since 12/25/25.During an observation and interview on 1/14/26 at 10:30 a.m. R1 sat in her recliner with lights off in the room. R1 stated she was unable to remember if she had received her tube feeding, refused them at times, and wanted to continue receiving them. R1 stated an awareness she needed the tube feeding due to being unable to eat as much as she needed to and helped keep her weight up.During an interview on 1/14/26 at 10:59 a.m. dietician stated R1 was losing weight, oral intake was not adequate and therefore she needed to have the feeding tube to keep her nourished.During an interview on 1/14/26 at 2:15 p.m. central supply purchasing LPN-G stated there was a tablet in the (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	medication room where the staff are to write down needed supplies. The supplies are filled once a week. R1's MIC-KEY connection tubes were not kept in stock and staff nurses were expected to let LPN-G know they were needed to be ordered as they are a special order and not kept in stock. During an interview on 1/15/26 at 11:47 a.m. MD-A stated they were later made aware staff were unable to administer tube feedings because a part was thrown out and did not have a replacement. R1 had lost weight. R1's weight was concerning when she dropped a pound a day and was below 100lbs. MD-A stated she would have expected nursing staff to notify a provider right away so they are aware of what is happening and possibly given additional orders. The tube feeding solution could have been given orally but does not taste the best. R1 had maintained her weight four weeks prior to that so most likely the lack of tube feeding caused the weight loss.Facility policy Change in Condition of Resident dated 5/2025, identified nursing judgement was an integral part of the skill care provided by the facility; therefore, such judgement must be applied on a case-by-case basis in keeping with acceptable nursing practice. The staff at the facility will contact the resident's physician, NP, or physician assistant, and (if known) notify the resident's family member(s) and/or legal representative under the following circumstances: A need to alter treatment significantly (i.e., a need to discontinue an exiting form of treatment due to adverse consequences, or to commence a new form of treatment). 1. Criteria: A need to alter significantly means: a need to commence a new form of treatment to deal with a problem (e.g. the use of any medical procedures or therapy that has not been used on the resident before). 2. Appropriate notification time may be immediate to 48 hours, depending on the nursing assessment. The medical record, which includes the nurse's notes, should reflect the care that is being provided to the residents and should include: family notification and physician notification.

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(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** Based on observation, interview and document review, the facility failed to recognize, evaluate and address the nutrition and hydration intake for 1 of 3 residents (R1) reviewed for nutrition. In addition, R1 was not administered physician ordered enteral feedings and water flushes due to missing equipment. This failure resulted in significant weight loss, malnutrition, and weakness.Findings include:R1's quarterly Minimum Data Set (MDS) assessment, dated 10/8/25, R1's cognition was intact without behaviors. R1 was frequently incontinent of bladder and always continent of bowel. R1's weight was 109 pounds and received tube feedings.R1's diagnoses included, anemia, adult failure to thrive, severe protein-calorie malnutrition, abnormal weight loss, muscle weakness, disorder of the intestines.R1's care plan dated 12/22/25, identified she had a feeding tube and directed staff to administer free water flushes, enteral feeds and site care per primary care provider orders. Registered dietician to evaluate quarterly and as needed (PRN). Monitor caloric intake and estimate needs. Make recommendations for changes PRN. Staff were directed to monitor food and fluid intake daily, provide and serve diet as ordered. Regular diet/texture and thin consistency. Record meals and fluid intake during each meal. Weigh weekly per facility policy (unless otherwise specified per provider orders and PRN).R1's provider orders included:-On 10/16/24, Regular diet- easy to chew texture, thin regular consistency as tolerated.-On 11/20/24, Daily weight one time a day every Tuesday, Thursday, Saturday related to unspecified severe protein-calorie malnutrition: abnormal weight loss. Update Provider with any notable changes.-On 11/20/25, Administer 1 container of [NAME] Farms 1.5 (calorically dense, plant based formula designed for enteral feeding) one time a day every Tuesday, Thursday, and Saturday. (goal weight 108 -112lbs). updated 1/8/26-see below.-On 12/4/25, free water flush 30 ml one time a day every Tuesday, Thursday, and Saturday for enteral tube feeding. updated 1/8/26-see below.R1's updated orders:-On 1/8/26, Daily weights one time a day for weight loss, start date 1/9/26.-On 1/8/26, administer 1 container of [NAME] Farms 1.5 one time a day every Tuesday, Thursday, Saturday, Sunday, (goal weight 108 to 112lbs).-On 1/8/26, 30 ml of free water flush one time a day every Tuesday, Thursday, and Saturday, Sunday.R1's December 2025 Electronic medication/treatment administration record (EMAR/TAR) from 12/1/25 through 12/31/25, identified:-There were 8 doses administered of [NAME] Farms and 30ml's of free water, 2 doses refused (12/2/25, 12/9/25) and 3 doses were not administered (12/25/25, 12/27/25, and 12/30/25).R1's January 2026 EMAR from 1/1/26 through 1/11/26 identified:-[NAME] Farms and 30ml of free water were documented as not administered on 1/2/26 and 1/3/26, 1/8/26 and R1 refused one dose on 1/6/26.R1's medical doctor (MD)-A (primary provider) visit dated 11/19/25, identified she was seen at care center for routine nursing home visit. R1's weight improved after last visit. She had since then received tube feedings three times a week and maintains 110lbs (weight today). R1 was happy about this and would like to continue current plan of care.R1's progress notes identified:-On 12/4/25 at 12:11 p.m. Interdisciplinary Team (IDT) Nutritional Risk: weight 112lb, R1's weight was currently within a healthy range and has been stable over the past 90 days, continues external feeds, registered dietician (RD) goal weight remained 112-117lbs, which she was currently meeting. Continue to monitor, enteral feeds, and promote oral intake.-On 12/25/25-1/8/26 R1's MIC-KEY tube extensions (used for daily continuous/pump feeding) were both thrown away and there were no replacements available to administer feeding.-On 1/4/26 at 3:56 p.m. R1 is freezing cold, weak, and stated she felt like she was dying. R1 requested to be seen by medical doctor (MD) today. Sent to emergency room (ER).-On 1/4/26 at 5:56 p.m. R1 returned from ER. No new orders to follow-up with MD in three days.-On 1/8/26 at 1:59 p.m. R1 to appointment for follow-up From ER visit.-On 1/8/26 at 2:59 p.m. Back from appointment. Orders to consult dietician due to (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	recent weight loss. Change tube feedings to four times a week, Tuesday, Thursday, Saturday, Sunday, daily weights. Follow up in one week. Appointment made with provider 1/15/26 at 1:30 p.m.-On 1/8/26 at 11:38 p.m. Enteral feed order and free water flush. Extension not available and R1 will not drink supplement.-On 1/9/26 at 12:06 a.m. R1 had been tired since before supper. She sat slumped over sleeping in dining room for supper and caused concern from other residents. R1 was taken back to her room and placed into bed.-On 1/10/26 at 3:23 p.m. R1's sister arrived at care center and requested an update. R1 was very confused, did not seem like herself, tired, could barely keep her eyes open, and felt like crap. Asked if she wanted her evaluated in ER, wanted to speak to sister and let staff nurse know.-On 1/10/26 at 10:30 p.m. R1 was weak and had trouble holding water mug this shift.-On 1/11/26 at 8:00 a.m. Cefdinir antibiotic ordered for urinary tract infection (UTI) on 1/4/26.R1's weights from 12/13/25 through 1/13/26, identified:-12/13/25 at 10:25 a.m. 108.6-12/20/25 no weight documented-12/27/25 at 2:47 p.m. 109.6-12/28/25 through 1/7/26 no weight documented-1/8/26 at 2:56 p.m. 101-1/9/26 at 9:01 a.m. 99.3-1/10/26 at 12:22 p.m. 99.9-1/11/26 at 2:42 p.m. 99.4-1/12/26 no weight documented-1/13/26 at 11:49 a.m. 100. 5R1's Meal Intake Record from 12/24/25, through 12/31/25, identified: breakfast refused each day with lunch, and supper consumed 0-100% and documented a total of 1710 ml's of fluids intake. R1's Meal Intake Record from 1/1/26, through 1/9/26,identified: Breakfast - refused all 9 days. Lunch and supper consumed 0-75% and documented a total of 2350 of fluids took in.Communication with staff via point click care (PCC) (electronic medication records staff communication site) from 1/7/26 through 1/13/26, identified:R1's ER visit on 1/4/26 at 3:50 p.m. identified she presented with generalized weakness, recently diagnosed with shingles before Christmas, and does not feel well. R1's weight was 105 # and heart rate 108-111 per minute. Urinalysis results identified slightly cloudy urine, ketone +1 (body is used fat instead of glucose/sugar for energy and seen with eating disorders), blood trace, protein +1, leukocyte esterase (an enzyme produced by white blood cells (WBC)) and a marker for inflammation or infection particularly UTI, and white blood cells over 50 /high power field (normal range/none seen). Diagnosis: generalized weakness. Do not think UTI currently. Follow-up with primary provider in three days.R1's visit with nurse practitioner (NP)-B on 1/8/26, identified office visit for evaluation of shingles, urinary tract infection, weight loss, and constipation. R1 had lost weight since her ER. Notified after visit, R1 had not received tube feedings for 10 days due to missing connector. Education provided to nurses regarding notifying provider of weight changes or patient refuses weights/tube feedings. A dietician consult will be initiated to address the recent weight loss and adjust tube feedings to four times a week, starting today, Tuesday, Thursday, Saturday, Sunday. Daily weights will be monitored. Follow up in one week.During an interview on 1/12/26 at 4:15 p.m. family member (FM)-A stated on 1/9/26, she was informed by a staff nurse R1 had not received her tube feedings 10 days in September 2025, due to inability to locate a connection piece called MIC-KEY, and there had been a reoccurrence of the same situation. R1 had not received her tube feeding since 12/25/25, due to being unable to locate the connection piece for her tube feedings. R1's weight on 1/9/26, dropped down to 98 lbs. Her primary source of fluids/nutrition was the tube feeding and when she's feeling well, loved to drink coffee with French vanilla cream. R1 was unable to eat/drink enough to support her weight and nutritional needs by mouth and needed the tube feeding fluids to stay within the goal weight range.During an observation/interview on 1/13/26 at 11:49 a.m. nursing assistant (NA)-C had transferred R1 back into her recliner. NA-C stated R1 was just weighed and was 100.5lbs. R1 sat in her recliner with legs elevated covered with a large blanket. NA-C left room and then returned with covered mug with straw containing 450ml of water. NA-C did not offer R1 a drink, placed the mug on the bedside table next to her recliner and exited (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the room.During an observation/interview on 1/14/26 at 10:30 a.m. R1 sat in her recliner with lights off in the room. R1 stated she was unable to remember if she had received her tube feedings, refused them at times, and wanted to continue receiving them. R1 stated was aware she needed the tube feeding due to being unable to eat as much as she needed to and helped keep her weight up.During an interview on 1/14/26 at 10:59 a.m. dietician stated R1 was losing weight, oral intake was not adequate and therefore she needed to have the feeding tube to keep her nourished. R1's intake fluctuates and changes with her moods. The lowest weight R1 had was under 100lbs, unsure which date that was. R1 was currently on a regular diet and frequently refuses meals and tube feedings. When R1 was well nourished there was a noted improvement in mood and wanted to take part in things/activities, months ago. R1 does not eat breakfast and in November 2025, she ate approximately 75 to 100% of her meals, December 2025, started out well then had a stretch from 12/17/25 through 12/23/25, was hit and miss regarding her oral intake. For the past four months, R1's nutritional needs to maintain her weight were not met only with oral intake and she needed to have the tube feedings. When R1 dropped down to 100lbs outcomes were affected such as quality of life, longevity, loss of muscle mass, and quality of health. R1 was underweight and more likely to decline and she made it very clear she does not want that. Dietitian was unaware the staff were unable to locate the proper equipment to administer R1's tube feedings. When R1 was unable or refused to consume the solution orally a bolus could have been given slowly through the feeding tube and the water flushes would still be expected to be administered to keep the tubing patent (open). The staff would have been expected to notify the provider immediately when unable to administer her tube feedings due to lack of the connection piece. If the missing piece was ordered and would have arrived in a day or two, it would be ok to wait due to her ability to orally take in food and fluids. If more than two days, it would have been concerning and should have been brought to either myself or the providers' attention. Dietitian stated if staff would have made her aware of this situation she would have had a conversation with R1 and encouraged her to increase her oral intake, push to drink more supplements such as boost or ensure during the waiting time. Lack of tube feeding can contribute to weight loss.During an observation/interview on 1/14/26 at 12:03 p.m. R1 sat in dining room in a wheelchair with three other residents. Dietary aide (DA) stated she served R1 a small serving of mashed potatoes, a scoop of sausage/corn hotdish, lime Jello with whipped cream on top, small glass of water without ice and a large cup of coffee three creamers in it. R1 was able to feed herself one bite of Jello with whipped cream, entire scoop of potatoes, and a small bite of bread. The hotdish and water were left untouched and 1/8 of the coffee was drank. At 12:27 p.m. she was pushed in her wheelchair back to her room by staff.During an interview on 1/14/26 at 2:15 p.m. central supply purchasing (LPN-G) stated she had worked in purchasing since 2011. There was a tablet in the medication room the staff write down supplies they need and is filled once a week then the list is thrown out. When the staff needed supplies for R1, LPN-G was not working, they were expected to check in the storeroom downstairs and the hospital. A supply of MIC-KEY connection tubes was not kept in stock and staff nurses were expected to let LPN-G know they needed more ordered. Although the specific piece R1 was missing was a special order. LPN-G stated she did not work weekends. The staff did not make her aware they were out of the MIC-KEY connection and if she would have known she would have ordered more. The process for ordering supplies has not changed. LPN-G stated she ordered a box of 30 MIC-KEY connections and provided them to LPN-A, and added on the box a note, when down to 4 or 5 notify central supply. LPN-G said more can be ordered.During an interview on 1/14/26 at 3:00 p.m. LPN-C stated if unable to locate tube feeding supplies, staff are to go down to supply room, look for them and if unable to find call the supply/purchasing person, request it (continued on next page)

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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	be ordered, follow up to see where it was and when it would arrive. The on-call provider should have been notified on 12/25/25, when the staff realized they did not have the proper supplies to administer R1's tube feeding and get an order on what to do next. The DON or ADON should have also been contacted and updated right away. R1 was ill with shingles and UTI, had a poor oral intake and would have been important to provide sufficient nutrition. R1 had a noticeable weight loss, poor oral intake and most likely needed the tube feeding nutrition to maintain her weight.During an interview on 1/15/26 at 11:47 a.m. MD-A stated R1's appetite varied and after discussion she agreed to try and keep her weight at least 110 and if it dropped below that she agreed to more frequent tube feedings. MD-A stated she was made aware R1 had lost weight and the staff were unable to administer the tube feedings due to a missing part. R1's weight was concerning when she dropped a pound a day and was below 100lbs. R1 remained a nutrition risk and monitored until stable in goal weight range. MD-A stated she would have expected nursing staff to notify a provider right away so that they are aware of what is happening and possibly give additional orders. The tube feeding solution could have been given orally but does not taste the best. R1 had maintained her weight four weeks prior to that so most likely the lack of tube feeding caused the weight loss. Additionally, R1 was aware she should be eating to maintain her weight and feel good, sometimes refused tube feedings. On 12/19/25, R1 became ill with shingles, 1/4/26 diagnosed with a UTI and affected her intake. R1 had a poor nutritional and fluid intake which placed her at a higher risk for a UTI.During an interview on 1/15/26 at 4:06 p.m. nurse practitioner (NP)-B stated she had last seen R1 on 1/8/26 for a follow up after the ER visit on 1/4/26. R1's weight was noted to be down and was concerning. When not feeling well a person tends to eat and drink less and would have been even more important to have received her tube feedings as ordered. The lack of receiving her tube feeding for many days could have played a part of her weight loss, being sick her weight fluctuates, a history of refused weights and tube feedings could also affect her weight loss. Staff would have been expected to notify a provider when she refused the tube feedings twice a week and/or unable to provide the tube feeding due to a missing piece of equipment so that her weight loss did not continue. Incontinence, dehydration, not cleaning well, anatomy and baths can all be causes of a UTI. R1 was able to drink fluids and could not say that lack of receiving the tube feeding and flushes could have caused the UTI directly but possibly could have. NP-B stated due to her concern about R1's weight changes, inability to provide tube feedings due to loss connection part or refusals, and lack of notification to provider she called the facility .Facility policy Change in Condition of Resident dated 5/2025, identified nursing judgement was an integral part of the skill care provided by the facility; therefore, such judgement must be applied in a case-by-case basis in keeping with acceptable nursing practice. The staff at the facility will contact the resident's physician, NP, or physician assistant, and (if known) notify the resident's family member(s) and/or legal representative under the following circumstances:A need to alter treatment significantly (i.e., a need to discontinue an exiting form of treatment due to adverse consequences, or to commence a new form of treatment). 1. Criteria: A need to alter significantly means: a need to commence a new form of treatment to deal with a problem (e.g. the use of any medical procedures or therapy that has not been used on the resident before). 2. Appropriate notification time may be immediate to 48 hours, depending on the nursing assessment. The medical record, which includes the nurse's notes, should reflect the care that is being provided to the resident should include: family notification and physician notification.Facility policy Tube Feeding and Management dated 11/2025, identified intermittent feeding: flush tube with 30 ml sterile water before and after each feeding.