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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335826 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/02/2024 |
| NAME OF PROVIDER OR SUPPLIER Buena Vida Rehab and Nursing Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 48 Cedar Street Brooklyn, NY 11221 | |

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

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28196</p> <p>Based on observation, interviews, and record reviews conducted during an Abbreviated Survey (NY00317501), the facility failed to ensure that a resident who is fed by enteral means receives the appropriate care and services to prevent complications of enteral feeding. This was evident for one out of four residents (Resident #1) sampled for nutrition. Specifically, Resident #1 experienced persisting diarrhea from March 2023 to October 2023 while receiving tube feedings and experienced a significant weight loss of over 20 percent. There was no documented evidence that additional medical follow-up was attempted when the facility was unable to identify a cause for the persistent diarrhea and that increased weight monitoring was implemented when Resident #1 experienced a significant weight loss.</p> <p>The findings are:</p> <p>The facility's Policy and Procedure Nutrition and Hydration reviewed September 2023 states that residents within the facility will maintain adequate parameters of nutritional and hydration status, to the extent possible, to ensure each resident is able to maintain the highest practicable level of well-being.</p> <p>The facility's Policy and Procedure, Weight Loss reviewed September 2023 states that the nursing staff and the Dietitian will cooperate to prevent, monitor, and intervene for undesirable weight loss for the residents. The Policy further states nursing staff will measure the resident weight on admission, the next day, and weekly for two weeks thereafter. If no weight concerns are noted at this point, weights will be measured monthly thereafter.</p> <p>Resident #1 was admitted to the facility with diagnoses including Cerebral Infarction, Aphasia, Dysphagia, and Hemiplegia and Hemiparesis. Resident #1 had a feeding tube.</p> <p>The Minimum Data Set with an assessment reference date of 03/03/2023, revealed that Resident #1 had severely impaired cognition and weighed 138.0 pounds.</p> <p>The Comprehensive Care plan for nutritional problem was initiated on 02/27/2023 and documented that Resident #1 had nutritional problem related to reliance on enteral route to meet 100 percent of nutritional needs and had a feeding tube.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>The Documentation Survey Report (completed by the Certified Nursing Assistant) documented the following:</p> <p>03/01/23 to 03/31/23-26 bouts of loose stool.</p> <p>04/01/23 to 04/31/23-18 bouts of loose stool.</p> <p>05/01/23 to 05/31/23 -34 bouts of loose stool.</p> <p>06/01/23 to 06/31/23 -18 bouts of loose stool.</p> <p>07/01/23 to 07/31/23 -22 bouts of loose stool.</p> <p>08/01/23 to 08/31/23- 26 bouts of loose stool.</p> <p>09/01/23 to 09/31/23 -16 bouts of loose stool.</p> <p>10/01/23 to 10/31/23 -18 bouts of loose stool.</p> <p>The Weight and Vitals sheet documented the following:</p> <p>02/24/23 -138.0 pounds - admission weight. There were no weights documented for March 2023</p> <p>04/10/23 -130.4 pounds (7.6 pounds weight loss from 02/24/23)</p> <p>05/18/23- 121.2 pounds (16.8 pounds weight loss from 02/24/23) (12.2 percent significant weight loss)</p> <p>06/05/23- 118.6 pounds (19.4 pounds weight loss from 02/24/23)</p> <p>07/07/23 -113.6 pounds (24.4 pounds weight loss from 02/24/23)</p> <p>08/10/23- 108.0 pounds (30.0 pounds weight loss from 02/24/23) (21.7 percent significant weight loss)</p> <p>09/29/23 -100.0 pounds (38.0 pounds weight loss from 02/24/23)</p> <p>10/04/23 -108.0 pounds (30.0 pounds weight loss from 02/24/23)</p> <p>10/05/23 -105.2 pounds (33.0 pounds weight loss from 02/24/23)</p> <p>10/11/23- 100.0 pounds (38.0 pounds weight loss from 02/24/23)</p> <p>10/17/23 -103.0 pounds (35.0 pounds weight loss from 02/24/23)</p> <p>11/06/23- 103.5 pounds (34.5 pounds weight loss from 02/24/23)</p> <p>The Order Summary Report from 02/24/23 to 05/30/23 documented the following:</p> <p>(continued on next page)</p> |

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| <p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Monthly weights ordered 02/24/23.</p> <p>Imodium A-D Oral Liquid 1mg/7.5ml give 15ml via feeding tube every 12 hours as needed for loose motion for 7 days ordered on 03/22/23.</p> <p>Toxin A&B stool for clostridium difficile ordered on 05/08/23.</p> <p>Acidophilus Lactobacillus Oral Capsule (Lactobacillus) give 1 capsule via gastrostomy tube one time a day for change in bowel movement for 14 days ordered on 05/11/23.</p> <p>A complete blood count (measures red blood cells and white blood cells) and complete metabolic panel (measures several important aspects of your blood) ordered again on 05/17/23.</p> <p>Imodium A-D Oral Tablet 2mg 1 tablet via feeding tube one time only for diarrhea for 1 day ordered on 06/01/23.</p> <p>The Medical Progress Notes dated 03/22/23 through 10/2023, revealed periodic documentations regarding Resident #1's loose stools and weight loss. The Medical Progress notes dated 03/22/2023 showed that Imodium 1 tablet was ordered STAT and as needed for loose bowel movement.</p> <p>A Medical Note dated 09/12/23 at 11:50am documented that a weight meeting was held for significant weight loss and tube feeding will be evaluated (correct formula and rate), and training floor nurses.</p> <p>A Medical Note dated 10/03/23 revealed that Resident #1 presented with a significant weight loss times 30 days. Unplanned and unfavorable weight loss likely related to noncompliance with feeding regimen. Resident #1 was not receiving the full amount of ordered feeding when on replacement formula fiber source. Resident #1 has difficulty tolerating certain formulas often experiencing gastrointestinal distress and loose stools. Isosource is back in stock and Resident tolerating well.</p> <p>Dietary notes dated 03/22/23 and 03/23/23 documented that Resident #1's feeding was changed three times. However, Resident #1 continued to have loose bowel movements. A Dietary Note dated 03/23/2023 recommended to change tube feeding to Diabeticisource 6 cans bolus feed via pump with 50 milliliters before and after fluids. A Dietary Note dated 05/18/23 at 1:59pm documented Resident #1 presented with significant weight loss times 30 x 90 days and that the weight loss was unplanned and unfavorable. Etiology likely related to recent gastrointestinal distress. Also documented 30 days: 130.4 pounds (4/10) 7.1% significant weight loss. 90 days: 138 pounds (2/24)-12.2% weight loss. A Dietary Note dated 08/22/23 documented significant weight change assessment. Resident #1's Body Mass Index: 18 underweight for age. Documented 30 days: 113.6 pounds (7/7) - 4.9% insignificant. 90 days: 121.2 pounds (5/17)-10.9% significant, and 180 days: 138 pounds (2/24) = 21.7% significant. Tube feeding regimen estimated 100% nutritional needs.</p> <p>There was no documented evidence that Resident #1 was referred for additional evaluation when diarrhea persisted, and a cause could not be identified.</p> <p>There was no documented evidence that there was increased monitoring of weight for Resident #1 following admission or when Resident #1 was identified has having a significant weight loss.</p> <p>(continued on next page)</p> | | |

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| <p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 02/09/24 at 12:20pm, the Director of Nursing was interviewed and stated that they were not in employment at the time Resident #1 resided in the facility. Additionally, the nurses and dietitian who were assigned to Resident #1's unit are no longer in employment.</p> <p>During an interview on 02/09/24 at 4:30pm, the Medical Doctor stated that Resident #1 was admitted to the facility with multiple comorbidities including a stroke and a new gastrostomy tube placement. The Medical Doctor stated that Resident #1 was seen and evaluated by the speech department. The Medical Doctor stated Resident #1 was having diarrhea and that it was a side effect of the tube feeding. The Medical Doctor also stated that they ordered labs to see if there were any underlying medical disease and that the lab results were negative for any form infection. The Medical Doctor stated that they were aware of Resident #1's weight loss and that the Dietician changed Resident #1's feeding multiple times to see which feeding would be most appropriate. The Doctor stated there was a national shortage on tube feeding just like in other industry where everyone was having issue with food shortages.</p> <p>During a follow up telephone interview on 04/03/24 at 9:38am, the Medical Doctor stated that they did not order a gastrointestinal consult for Resident #1 because they did not believe Resident #1 had gastrointestinal problem. The Medical Doctor went on to say that staff only notify them that Resident #1 was having diarrhea during March and April 2023. The Medical Doctor stated that Resident #1's tube feeding was changed from Glucerna to [NAME] Farm. The Medical Doctor stated that after the [NAME] farm formula was changed, Resident #1 was still having some gastrointestinal issues and they spoke with Resident #1's spouse who confirmed that Resident #1 had lactose intolerance. The Medical Doctor stated that the formula was changed again to Isosource formula. The Medical Doctor stated that Resident #1 was doing well with this formula until there was a nationwide shortage. The Medical Doctor stated that Resident #1 may have loose stool, but staff did not consider it as diarrhea and maybe this was why the staff did not notify them. The Medical Doctor stated labs were done to ensure that Resident #1 had no underlying issues. The Medical Doctor also stated that Resident #1 had a surgical wound on their left knee that was not healing well, had developed a wound infection three times and was on antibiotics that contributed to the diarrhea. The Medical Doctor further stated Resident #1 was sent to the hospital (11/15/23) to address the wound infection and the non-healing of the wound. The Medical Doctor stated that Resident #1 had a stroke and was not moving which led to muscle wasting and bone density loss that contributed to the weight loss.</p> <p>10 CNYCRR 415.12(g) (1-7)</p> | | |