

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345432	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2024
NAME OF PROVIDER OR SUPPLIER River Bend Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 213 Richmond Hill Drive Asheville, NC 28806	

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 - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37538</p> <p>Based on record review, interviews with the Registered Dietitian, Nurse Practitioner, Medical Doctor, and staff, the facility failed to obtain weekly weights as ordered by the physician and failed to implement the recommendation for a nutritional supplement to promote weight stability and failed to implement interventions when weight loss was identified for a resident with significant weight loss for 1 of 2 residents reviewed for nutrition (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnoses including dementia, chronic obstructive pulmonary disease, and cerebral vascular accident (blocked or reduced blood flow to the brain) with hemiplegia (severe or complete loss of strength or movement) affecting the left nondominated side.</p> <p>Review of the current physician's orders for medication and nutritional supplements included mirtazapine 7.5 milligrams give 1 tablet at bedtime related to symptoms and signs concerning food and fluid intake; 2.0 fortified nutrition shake give 120 milliliters four times a day; frozen nutritional supplement two times a day; give one multivitamin tablet one time a day related to abnormal weight loss; add pudding or ice cream two times a day at lunch and dinner.</p> <p>Review of the current physician's order instructed weekly weights be obtained for Resident #1 every day shift every Sunday.</p> <p>Review of Resident #1's documented weight on 3/3/24 revealed the resident weighed 124 pounds.</p> <p>The quarterly Minimum Data Set (MDS) dated [DATE] assessed Resident #1's cognition was moderately impaired and setup assistance was needed with eating. The MDS indicated Resident #1 weighed 124 pounds with no known loss or gain of weight.</p> <p>Review of Registered Dietitian (RD) #1's nutrition/dietary progress note dated 3/15/24 indicated Resident #1's current body weight of 124 pounds was within normal limits. RD #1's recommendations included adding a health shake with breakfast to promote weight stability and to continue monitoring weight.</p> <p>Review of Resident #1 physician's orders from 3/15/24 through 5/14/24 revealed no order to receive a health shake with breakfast.</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 - Some</p>	<p>The care plan dated 3/20/24 indicated Resident #1's nutritional status was altered related to diagnoses including cerebral vascular accident and chronic obstructive pulmonary disease with the goal to not have significant loss through the next review. Interventions included monitor, record, and report to the Medical Doctor signs or symptoms of weight loss of 3 pounds in one week and for the Registered Dietitian to evaluate and make diet recommendations as needed.</p> <p>Review of Resident #1's diet order dated 3/24/24 was for a regular diet with minced and moist texture and regular thin liquids.</p> <p>Review of Resident #1's documented weights from 3/24/24 through 5/14/24 revealed the following:</p> <p>3/24/24 = 122.5 pounds.</p> <p>4/9/24 = 105.2 pounds: The weight was crossed out with a line through it and included a note made by RD #2 on 5/2/24 that read incorrect documentation. There was no documented weight to indicate Resident #1 was weighed on 4/9/24.</p> <p>4/14/24 = 113.5 pounds: The weight was crossed out with a line through it and included a note made by RD #2 on 5/2/24 that read incorrect documentation. There was no documented weight to indicate Resident #1 was weighed on 4/14/24.</p> <p>4/28/24 = 125.5 pounds</p> <p>5/8/24 = 97.4 pounds.</p> <p>5/14/24 = 97.</p> <p>The weights on 4/14/24 and 4/28/24 were documented by Nurse #1.</p> <p>Attempts to interview Nurse #1 on 5/15/24 at 11:46 PM and 5/20/24 at 10:43 AM were unsuccessful.</p> <p>During an interview on 5/20/24 at 3:35 PM Register Dietitian (RD) #2 revealed she was filling in for RD #1 (the usual Dietitian) as emergency coverage during April 2024 and confirmed she crossed out Resident #1's documented weights based on what she was told. She called the facility to inquire about Resident #1 and was told by a staff member she could not recall by name the weight on 4/28/24 was correct and she entered the notation, incorrect documentation and crossed out the weights for 4/9/24 and 4/14/24. RD #2 revealed her nutritional review was based on the medical records and she determined there were no changes in Resident #1's meal intake over the past 30 days and nutritional interventions were already in place and since nothing else changed she made no other recommendations. RD#2 was unsure if Resident #1 was reweighed when she asked about the weights and stated it was unlikely Resident #1 lost approximately 28 pounds within 10 days based on the most recent weights obtained on 5/8/24 (97.4 pounds) and 5/14/24 (97 pounds).</p> <p>The weights on 5/8/24 and 5/14/28 were documented by Nurse #2.</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 - Some</p>	<p>An interview was conducted on 5/21/24 at 10:26 AM with Nurse #2. Nurse #2 confirmed she documented Resident #1 weights on 5/8/24 and 5/14/24. Nurse #2 revealed she considered the weights obtained on 5/8/24 and 5/14/24 were accurate and described Resident #1 needed cueing and encouragement from staff during meals and had a poor appetite and ate small amounts. Nurse #2 revealed weights were obtained by the NA staff the first of every month unless there was a physician's order to be done weekly and she was unsure who was following up on weights.</p> <p>The Nurse Practitioner (NP) note dated 5/13/24 revealed Resident #1 had significant weight loss and her dentures no longer fit. There was no other information included in the progress note to address Resident #1's nutritional status or significant weight loss.</p> <p>During an interview on 5/13/24 at 3:02 PM the NP revealed she had been coming to the facility since 10/2023. She revealed Resident #1 had Covid-19 during the early part of the year and was treated with an antibiotic for post Covid-19 pneumonia. She revealed being told the dentures were not fitting or comfortable for Resident #1 but saw the resident eating in dining room afterwards and maybe assumed the issues with dentures was resolved. She stated she was aware Resident #1 had been having weight loss since she had Covid-19.</p> <p>An interview was conducted on 5/14/24 at 4:24 PM with the Medical Doctor (MD). The MD revealed he was unsure about the accuracy of the weights documented for Resident #1 due to the significant amount of loss documented on 5/8 /24 that indicated a weight loss of over 25% in 10 days that was questionable.</p> <p>Resident #1's diet order was changed from regular minced and moist to regular pureed with thin liquids started 5/15/24.</p> <p>An interview was conducted on 5/14/24 at 9:05 AM with a Family Member of Resident #1. The Family Member revealed he came to the facility on average twice a day and had been since 03/2023. He revealed over the last couple of months he had to encourage Resident #1 to eat and fed her because she did not initiate or stay engaged with eating during meals. He attributed her lack of appetite was due to decreased physical and mental capacity and since 05/08/24 she had rapidly lost weight and her dentures no longer fit which he attributed to her significant weight loss.</p> <p>During an interview on 5/14/24 at 12:44 Nurse Aide (NA) #1 revealed she was assigned to obtain weights and given a list of residents to be weighed. She revealed at times she was unable to obtain weights for the residents she was assigned prior to the end of her shift. NA #1 had been the assigned NA for Resident #1 and revealed the resident needed cueing to stay engaged with eating during meals but was able to feed herself. She revealed sometimes she would have to physically feed Resident #1 when she was not interested in eating and would put food up to the resident's mouth and encourage her to take a bite.</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 - Some</p>	<p>During an interview on 5/14/24 at 3:57 PM the Director of Nursing (DON) revealed she acquired her position on 4/1/24 and she was aware of Resident #1's weight loss after reading the Nurse Practitioner note dated 5/13/24 and had requested a dental consult due to loose fitting dentures and an RD consult. The DON revealed weights were followed by her and the RD and Resident #1 needed to be reweighed to ensure the weight on 5/8/24 was accurate. She stated nursing staff were to report weight loss to her and the process for obtaining weights was the NA staff were given a list of residents that require them to obtain weights. The list included the resident's previous weight, and she expected the NA to inform her when there was significant weight loss or if the NA reported to the nurse, she would expect the nurse to report it.</p> <p>During an interview on 5/20/24 at 11:15 AM RD #1 confirmed she completed the nutrition review on 3/15/24 that included review of supplement intake, meal intakes over the past 14 days. She stated Resident #1 was well supplemented and typically accepting of the supplements based on the documentation on the Medication Administration Records. She was unsure why her recommendation was not implemented and stated the health shake had approximately 200 calories or less and was not recommended to prevent weight loss but to help maintain weight. The RD stated in her professional opinion it was virtually impossible for Resident #1 to have a 28-pound weight loss in 10 days and she was unsure how accurate the documented weights were. RD #1 revealed she was notified of current weight loss and requested to consult the nutritional status of Resident #1.</p> <p>A follow-up interview was conducted on 5/21/24 at 11:33 AM with the DON. The DON stated she would expect weekly weights were obtained as instructed by the physician's order. She confirmed the weight of 97 pounds documented on 5/14/24 was correct and Resident #1 had been reweighed to ensure it was accurate. The DON revealed she was not aware of the recommendation made on 3/15/24 by RD#1 or why it was not implemented. She revealed a physician's order should have been written and she would be reviewing the RD recommendations to ensure an order was in place.</p>		