

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525495	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER Ascension Living - Lakeshore at Siena		STREET ADDRESS, CITY, STATE, ZIP CODE 5643 Erie Street Racine, WI 53402	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483</p> <p>Based on interview and record review, the facility did not make a prompt effort to resolve grievances for 4 (R4, R5, R6, & R7) of 4 residents reviewed for grievances.</p> <p>*On 11/13/23, R4 voiced concerns to the facility that R4 was not dressed or gotten out of bed until 2nd shift and did not receive a shower. The facility did not follow up with R4 to ensure that after speaking with staff there were any further concerns regarding not getting dressed, getting out of bed, or being showered. R4's grievance does not include the date the written decision was issued.</p> <p>* On 11/13/23, R5 voiced a concern to the facility that R5 was not dressed until 2nd shift. R5's grievance does not include a summary of findings or a conclusion. After interviewing staff, the facility did not follow up with R5 to see if there were any further concerns regarding not getting dressed. R5's grievance does not include the date a written decision was issued.</p> <p>* On 1/24/24, R7's representative filed a grievance about R7 not receiving a shower, that R7 was soaked, and requested a new pad for R7. The grievance does not include a summary of findings or conclusions, whether the grievance was confirmed as received or not, and does not include follow up with R7's representatives on the concerns voiced on 1/24/24 and date the written decision was issued.</p> <p>* On 1/31/24, R6's friend filed a grievance that R6 did not receive a shower on 1/30/24. The grievance does not include a date a written decision was issued.</p> <p>Findings include:</p> <p>The facility's policy titled, Complaints and Grievances, last revised on 5/2021, documents the Grievance Official or designee, will be responsible for the complaint and grievance process through their conclusion to include: .</p> <p>3. Documentation of complaints and grievances must be captured and include:</p> <p>a. Date the grievance or complaint was received orally or in writing.</p> <p>b. A summary statement of the resident's or resident representative's grievance.</p> <p>c. The steps actions taken to investigate the grievance.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>d. A summary of the pertinent findings or conclusions regarding the resident's/resident representative's concerns(s).</p> <p>e. A statement as to whether the grievance was confirmed or not.</p> <p>f. Any corrective action taken or to be taken by the community as a result of the grievance.</p> <p>g. Date the written decision was issued to complainant in response to their grievance.</p> <p>4. Acknowledging the grievance within 7 working days from receipt.</p> <p>5. Issuing a final written grievance decision to the resident and/or family members within a reasonable time frame but not to exceed 30 days.</p> <p>On 4/17/24 at 10:09 a.m., Surveyor asked NHA (Nursing Home Administrator)-A for the facility's grievance log for the last 6 months.</p> <p>On 4/17/24 at 12:23 p.m., Surveyor received & reviewed the facility's grievance log from 11/7/23 to 4/17/24. Surveyor requested grievances for R4 dated 11/13/23, R7 dated 1/24/24 and for R6 dated 1/31/24.</p> <p>1.) On 4/17/24 at 9:45 a.m., Surveyor spoke with R4 regarding concerns Surveyor was investigating. Surveyor asked R4 if she receives showers in the bathroom located in R4's room. R4 replied yes and explained to Surveyor her shower days are Thursday & Sunday. R4 informed Surveyor she has not received showers because at times because there is not enough staff. R4 informed Surveyor they need more staff.</p> <p>R4's quarterly MDS (minimum data set) with an assessment reference date of 1/19/24, has a BIMS (brief interview mental status) score of 13 which documents that R4 is cognitively intact. R4 is assessed as requiring substantial/maximum assistance for showering and bathing herself.</p> <p>Surveyor reviewed R4's grievance dated 11/13/23 and noted this grievance also included another resident R5. Under the section titled describe the compliment, suggestion, or concerns it documents that R4 stated she was not dressed or out of bed until 2nd shift. R4 was asked at 6AM if she wanted to get up but she said not that was too early but that didn't mean she wanted to stay in bed all day. R4 stated she also didn't receive shower.</p> <p>For R5, the grievance documents Resident [name of R5] [room number] stated concerns to nurse [name] about not getting dressed on the same day until 2nd shift. Sunday was the worst day I've had since I've been here.</p> <p>Under the Summary of Findings or Conclusions section it documents Resident refused to get up in the morning but should have been offered later in the morning since she stated it was too early. Surveyor noted that this statement is about R4. Surveyor was unable to locate a summary of findings or conclusions for R5's grievance.</p> <p>(continued on next page)</p>

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Under corrective action taken by the community section it documents Discussed with staff resident's rights and their wants to get up later on a day. If they are late to get up, offer bed bath or shower after getting up. Surveyor noted this grievance which includes R4 & R5 does not include follow up with R4 or R5 to determine if their concerns continued after staff were spoken to and does not include the date a written decision regarding their grievance was issued to R4 & R5.</p> <p>2.) Surveyor reviewed R7's grievance that was filed by R7's representative on 1/24/24. Under describe the compliment, suggestion or concerns section, it documents On 1/23 daughter came in to visit resident. Requested a shower since she has not gotten one since being here. No one did her shower, so she asked for a shower chair, no urgency to help family member. Notice her mother was soaked all the way to the pad on her chair. Ask for new pad and no one brought one in. Daughter was here till 7:30 pm and no one checked on her mom since she had been here since 330 pm.</p> <p>In the For the question would you like someone to contact you regarding this section, it documents, Yes is checked. Under actions taken to investigate section it documents CNA (Certified Nursing Assistant) DNR'd (do not return) from Facility. Agency staff member filling in at the facility.</p> <p>Surveyor noted that the summary of findings or conclusions section has not been completed and is blank. The grievance was able to be confirmed/not confirmed section had also not been completed. Under the any corrective action taken by the community section it documents Discussed with staff about the importance of showers as well as the need to provide timely service. To offer bed bath if shower is refused. Surveyor also noted that the date written decision issued had not been completed and is blank.</p> <p>Surveyor noted that R7's representative grievance does not include a summary of findings or conclusions, whether the grievance was confirmed or not, and does not include follow up with R7's representatives regarding the concerns voiced on 1/24/24 and the date the written decision was issued.</p> <p>3.) Surveyor reviewed R6's grievance filed by R6's friend on 1/31/24. Under the describe the compliment, suggestions, or concerns section it documents Lack of shower on 1-30-24. Surveyor noted that For the question would you like someone to contact you regarding this section it was not completed. The signature of person completing this grievance section had not been completed. The summary of findings or conclusions section documents Concerns valid, Outcome of care conference was effective per her (A) POAHC (activated power of attorney healthcare) and Director of Health Care Service-[NAME] Center. Under the corrective action taken by the community section it documents Changed shower days to better meet the needs of the resident. Staff showered resident the next day (1/31/24). Ordered hoyer more shower slings. Surveyor noted the date written decision issued section had not been completed for R6's grievance.</p> <p>On 4/17/24 at 3:13 p.m., Surveyor asked NHA-A who is the grievance officer for the facility. NHA-A informed Surveyor that SSD (Social Service Director)-C was the grievance officer for the facility.</p> <p>On 4/17/24 at 3:19 p.m., Surveyor asked SSD-C about the Facility's grievance process. SSD-C informed Surveyor that grievances get filtered to her or sometimes they are given directly to her. SSD-C informed Surveyor she shares the grievance form at the 9:00 a.m. morning meeting with the team and, depending on what the grievance is, some departments will take the form & resolve the issue and sometimes she keeps the form while the grievance is being resolved.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>SSD-C informed Surveyor after the grievance is resolved NHA-A signs off on it and the form is placed in a binder. Surveyor asked if there is a process for getting back to the person who filed the grievance. SSD-C informed Surveyor sometimes at care conference or nursing will talk directly to the person. Surveyor asked who follows up to make sure the issues have been resolved. SSD-C stated I would say it happens informally.</p> <p>Surveyor informed SSD-C Surveyor had reviewed R4, R5, R6, & R7's grievances. Surveyor informed SSD-C their grievances do not consistently include the summary of findings or conclusions, whether the grievance was confirmed or not, any follow up to ensure the concerns have not continued and the date written decisions were issued.</p> <p>On 4/17/24 at 3:54 p.m. NHA-A and DON (Director of Nursing)-B were informed of the above.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483</p> <p>Based on interview, and record review the facility did not ensure that 1 (R1) of 2 Residents reviewed received required assistance with their ADL's (activities daily living).</p> <p>R1 did not receive their weekly showers/baths consistently per their plan of care.</p> <p>Findings include:</p> <p>R1 was admitted to the facility on [DATE] & discharged on [DATE].</p> <p>R1's diagnoses includes Parkinson Disease, status post Left Hip Fracture, CKD (Chronic Kidney Disease) and CLL (Chronic Lymphocytic Leukemia).</p> <p>The admission MDS (minimum data set) with an assessment reference date of 1/10/24 has a BIMS (brief interview mental status score of 15) which indicates that R1 is cognitively intact. R1 is assessed as requiring substantial/maximal assistance for showering/bathing self.</p> <p>The ADL (activities daily living)/rehabilitation potential care plan with a start date of 1/5/24, includes an intervention dated 1/5/24 that documents BATHING: I need extensive assistance with 2 person staff support. I prefer a shower.</p> <p>R1's progress notes from 1/5/24 to 2/3/24 document only one nursing note regarding R1's shower dated 1/23/24 which documents Resident refused a shower. CNA (Certified Nursing Assistant) attempted multiple times to give resident bed bath. Resident refused. Resident stated he was warm & comfortable. CNA offered warm blankets & resident still refused bed bath.</p> <p>Review of the daily charting by CNAs (Certified Nursing Assistants) for January 2024 for the question Did the resident receive a shower or bath? Documents the following for the 6:00 a.m. to 2:00 p.m. shift documents the following:</p> <p>1/6/24 0, 0 indicates no. 1/7/24 & 1/8/24 are blank, 1/8/24 to 1/13/24 documents 0 for no, 1/14/24 is blank, 1/15/25 documents 0 for no, 1/16/24 is blank, 1/17/24 documents 0 for no, 1/18/24 is blank, 1/19/24 to 1/23/24 documents 0 for no, 1/24/24 is blank, 1/25/24 is 0 for no, 1/26/24 to 1/28/24 documents 0 for no, 1/29/24 is blank, 1/30/24 documents 0 for no, and 1/31/24 is blank.</p> <p>For January 2024, for the question Did the resident receive a shower or bath? Documents the following for the 2:00 p.m. to 10:00 p.m. shift:</p> <p>1/6/24 to 1/12/24 are blank, 1/13/24 documents 1. 1 indicates yes. 1/14/24 to 1/18/24 are blank, 1/19/24, 1/20/24 & 1/21/24 documents 1 for yes, 1/22/24 to 1/25/24 are blank, 1/26/24 to 1/28/24 documents 0 0 indicates no. 1/29/24 is blank, 1/30/24 documents 0 for no, and 1/31/24 is blank.</p> <p>Daily charting by CNAs for February 2024 for the question Did the resident receive a shower or bath? Documents for the 6:00 a.m. to 2:00 p.m. shift the following:</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2/1/24 0 for no, 2/2/24 & 2/3/24 are blank.</p> <p>For February 2024, for the question Did the resident receive a shower or bath? Documents for the 2:00 p.m. to 10:00 p.m. shift the following:</p> <p>2/1/24 & 2/2/24 are blank and 2/3/24 has an X. R1 was discharged on [DATE].</p> <p>Surveyor noted residents are scheduled for showers two times a week. R1 only received one shower for the week of 1/7/24 to 1/13/24, and one shower for the week of 1/21/24 to 1/27/24. Surveyor noted that R1 did not receive a shower for the week of 1/28/24 to 2/3/24.</p> <p>On 4/17/24 at 12:11 p.m., Surveyor asked LPN (Licensed Practical Nurse)-E who was working on the unit where R1 resided and if LPN-E remembered R1. LPN-E replied no to remembering R1.</p> <p>On 4/17/24 at 12:14 p.m., Surveyor asked CNA (Certified Nursing Assistant)-D if when they provide a resident with a shower if they document this. CNA-D replied yes and explained they chart that a shower was provided in the resident's plan of care.</p> <p>On 4/17/24 at 1:40 p.m., Surveyor asked DON (Director of Nursing)-B if she knew R1. DON-B replied no. Surveyor informed DON-B that Surveyor had spoken to LPN-E who was working R1's unit when R1 was admitted but that LPN-E didn't know R1. Surveyor asked DON-B if there was anyone at the facility who would be able to speak to Surveyor about R1.</p> <p>On 4/17/24 at 2:29 p.m., Surveyor met with OTA (Occupational Therapy Assistant)-F and RN (Registered Nurse) Unit Manager-G regarding R1. OTA-F informed Surveyor R1 was very weak, and that therapy staff had to approach R1 several times for R1 to participate in therapy where they were working on strengthening for transfers. RN Unit Manager-G informed Surveyor he remembers that R1 wanted to go home, didn't want to get out of bed, refused to eat, complained of a metal taste in his mouth and that at one time had an IV (intravenous therapy).</p> <p>Surveyor asked OTA-F and RN Unit Manager-G if there were any concerns with R1's showers. RN Unit Manager-G informed Surveyor he didn't recall anything about showers and just remembered the concern of trying to get R1 to eat.</p> <p>On 4/17/24 at 2:45 p.m., Surveyor asked RN-H how long she has worked at the facility. RN-H informed Surveyor she left the facility December 2nd and just came back yesterday. Surveyor informed RN-H that Surveyor was going to ask her about R1, but that RN-H wasn't at the facility when R1 resided here.</p> <p>On 4/17/24 at 3:50 p.m., DON-B informed Surveyor she does not have any additional information to provide regarding R1's showers.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483</p> <p>Based on interview and record review, the facility did not ensure that residents received needed care and services based on professional standards of practice for 1 (R2) of 2 residents reviewed.</p> <p>R2 was determined to be at risk for weight loss and had a physician's order for weekly weights. The facility failed to obtain weekly weights per R2's physician's order for eleven weeks.</p> <p>As evidenced by:</p> <p>The facility's weight monitoring policy dated as last reviewed on January 2023 and titled, Weight Monitoring documents under the Policy Interpretation and implementation section A. Each resident should be weighed daily for the first three days of admission, weekly for the first four weeks, and monthly thereafter.</p> <p>R2 was admitted to the facility on [DATE] with diagnoses of Hemiplegia following Cerebral Infarct (stroke) affecting Left side, Diabetes Mellitus Type II, Dysphagia, and Obesity.</p> <p>R2's Admission Minimum Data Set (MDS), dated [DATE], documents a Brief Interview for Mental Status (BIMS) score of 8, indicating R2 is moderately cognitively impaired.</p> <p>Section GG0130 (Self-Care) documents R2 requires setup or clean-up assistance with eating.</p> <p>Section K0100 (Swallowing Disorder) documents R2 suffers from loss of liquids/solids from mouth when eating or drinking, holding food in mouth/cheeks or residual food in mouth after meals, coughing or choking during meals or when swallowing medications and complaints of difficulty or pain with swallowing.</p> <p>Section K0200 (Height & Weight) documents R2's weight at time of admission is 186lbs (pounds).</p> <p>R2's Activities of Daily Living (ADL) Functional/Rehabilitation Potential care plan, dated 09/15/2023, indicates R2 requires extensive assistance and support from one person for eating.</p> <p>R2's Nutritional Status care plan dated, 02/18/2024, documents R2 is to be monitored for appetite and weight loss. R2's Nutritional Status care plan also documents R2 requires a mechanical soft diet and nectar thick liquids.</p> <p>R2's physician's order, with a start date of 08/13/2023, documents weekly weights to be obtained.</p> <p>On 04/17/2024 at 9:18 AM, Surveyor interviewed R2 who stated she had lost some weight, greater then 10lbs. R2 informed Surveyor R2 wishes to weigh 159lbs.</p> <p>On 04/17/2024 at 10:42 AM, Surveyor reviewed R2's electronic medical record which documents the following weights:</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>09/19/2023 at 1126- 145.7lb, 10/11/2023 at 0853- 145.6lb, 11/17/2023 at 1340- 138.5lb, 12/21/2023 at 2205- 141.4lb, 12/31/2023 at 1017- 142.4lb, 01/08/2024 at 1017- 142.4lb, 02/04/2024 at 1030- 140.2lb, 02/18/2024 at 1903- 130.8lb, 03/11/2024 at 1630-132.1lb, 03/24/2024 at 1656- 133.6lb, and 04/08/2024 at 1306- 131.6lb.</p> <p>Surveyor noted R2's admission weight on 08/15/2023 was 186lbs. and on 04/08/2024 R2's current weight is documented as 131.6lbs.</p> <p>Surveyor was unable to locate weights for the following weeks:</p> <p>08/20/2023, 09/24/2023, 01/14/2024, 01/21/2024, 01/28/2024, 02/11/2024, 02/28/2024, 03/03/2024, 03/17/2024, 03/31/2024 and 04/14/2024.</p> <p>On 04/17/2024 at 2:55 PM, Surveyor interviewed Certified Dietician Manager (CDM)-C regarding the facility's practices for weight monitoring.</p> <p>CDM-C informed surveyor that she monitors resident's weight every 1-2 weeks and that she notified nursing and the dietician if changes or recommendations are needed. CMD-C informed Surveyor that if weights are missing, she will notify nursing via email.</p> <p>04/17/2024 at 3:20 PM, Surveyor interviewed DON (Director of Nursing)-B who stated if there is a physician order it should be followed.</p> <p>On 04/18/2024 at 4:05 PM, the facility provided Surveyor with R2's MAR (Medication Administration Record)/TAR (treatment Administration Record) from 8/9/23 to 4/17/24.</p> <p>Surveyor reviewed R2's MAR/TAR records and noted that R2 did not have weekly weights for the following dates:</p> <p>08/20/2023, 09/24/2023, 01/14/2024, 01/21/2024, 01/28/2024, 02/11/2024, 02/28/2024, 03/03/2024, 03/17/2024, 03/31/2024 and 04/14/2024.</p> <p>Surveyor noted that from 08/9/2023 through 04/17/2024, the facility did not obtain weekly weights, per R2's physician order, 11 times on the dates as listed above.</p> <p>No additional information was provided by the facility as to why R2 did not receive weekly weights per physician's order.</p> <p>49845</p>		