

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/20/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/17/2025
NAME OF PROVIDER OR SUPPLIER CHATSWORTH AT PGA NATIONAL			STREET ADDRESS, CITY, STATE, ZIP CODE 347 HIATT DRIVE PALM BEACH GARDENS, FL 33418		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 692 SS=D	<p>An unannounced Recertification survey was conducted on _____ through _____ at Chatsworth at PGA National. The facility is not in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p> <p>Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3)</p> <p>§483.25(g) Assisted nutrition and hydration. (Includes naso-_____ and _____ tubes, both _____, _____, and _____ endoscopic _____, _____, and _____ fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body _____ or desirable body _____ range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review, the facility failed to maintain acceptable parameters of nutritional status and failed to provide nutritional interventions in a timely manner for 1 of 2 sampled residents reviewed for nutrition (Resident #23).</p>	F 692	<p>POC for Citation F692</p> <p>This plan of correction is the facility's credible allegation of compliance. Preparation and/or execution of this plan does not constitute admission nor</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

/2025

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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F 692	Continued From page 1 The findings included: Review of the facility's policy titled, "Management," dated _____, included the following: Residents will have their _____ obtained on admission, re-admission and monthly or at a frequent determined by the interdisciplinary team or provider. Definitions: Significant _____ change- As defined in RAI Manual is any unplanned _____ % change over 1 month, 7.5% over 3 months or 10% change over the past 6 months. Procedure: 4. The case associate and or Medication Aide obtains the _____ and documents the _____ into Touchscreen and or in myUnity. 5. Once _____ have been entered into the EMR (Electronic Medical Record), the licensed nurse reviews myUnity's Resident _____ Report/and or _____ Changes +Report for residents obtained on the last day of the Month for any of the following _____ changes: a. 5 percent (5%) change over 1 month b. 7.5 percent (7.5%) change over 3 months or c. 10 percent (10%) change over the past 6 months. 7. When a significant _____ change is identified the following will occur: a. PA/CS: The licensed nurse or designee notifies the Dietitian of any resident with a _____ from the previous _____ or a _____ significant _____ change. 11. Guest/residents with significant _____ change should be discussed in High Risk Rounds/Utilization Review. 12. When a significant _____ change is identified, the guest/resident plan of care will be reviewed, evaluated and revised, as applicable, to	F 692	agreement by the provider of the truth and facts alleged nor conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by provisions of federal and state law. Resident #23 had a _____ loss which was reviewed by the Registered Dietician. Both residents son and PCP were aware of his stated _____ loss. Care plan was updated by Clinical Team to include the following new interventions: - Daily _____ per Registered Dietician - Continue double portion meals and Ensure Shakes increased from daily to twice a day - Lab work (_____, CMP, Pre- _____) Resident was _____ daily until with fluctuations between 118- _____ consistently, and consuming 100% of meals. Per dietician, Despite consuming 100% of meals(double portions) and Ensure supplement _____, the resident continues to experience unintentional _____ loss (_____). Order was received of _____ to discontinue daily _____ and new order was given for weekly _____. During conversation with Resident #23s son on _____ to give an additional follow-up regarding his current status, he requested a hospice consult and was signed onto hospice effective _____. The Registered Dietician, ADON, or designee will conduct an audit of current Skilled Nursing residents _____ to	

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F 692	<p>Continued From page 2</p> <p>reflect interventions to support the guest/resident goals and preferences after medical consideration and interdisciplinary discussion.</p> <p>Record review for Resident #23 revealed that the resident was admitted to the facility on with diagnoses to include: Major _____, _____, and _____</p> <p>Review of Section C of the Quarterly Minimum Data Set (MDS) dated _____ revealed Resident #23 had a _____ (_____) of 00, which indicated that he was severely _____. Review of Section GG of the same MDS revealed Resident #23 was dependent on staff assistance for eating/nutrition and all his Activities of Daily Living (ADLs). In addition, review section O revealed Resident #23 was not on the Hospice care program.</p> <p>Review of the Physician's Orders showed Resident #23 had orders dated _____ for _____ (_____) 500 mg tablet daily, _____ 500 mcg tablet daily, diet: Pureed, Nectar Thick Liquid, continuous; _____ apply _____ to _____ 3 times daily and as needed.</p> <p>Review of the Physician's Orders showed Resident #23 had orders dated _____ for _____ 600 + _____ 600 mg (as _____) 200-unit tablet daily and on _____ for _____ (_____) 1,250 mcg (50,000 unit) tablet Every 1 Week.</p> <p>Review of the Holistic Care Plan dated _____ under Nutritional Status documented Resident</p>	F 692	<p>identify _____ loss, and ensure proper nutritional interventions are in place. Any discrepancies will be addressed promptly.</p> <p>The Staff Development Coordinator or designee will educate the Registered Dietician and Nursing staff on the facility policy for _____ management.</p> <p>The ADON or designee will review the _____ report and clinical notes during morning clinical meeting to identify a _____ loss or change in condition to ensure proper nutritional interventions are in place promptly. The Registered Dietician will attend weekly high-risk rounds meeting to review any residents with _____ loss and/or change in condition.</p> <p>The Registered Dietician or designee will conduct audit of current residents _____ on a weekly basis for one month, and then monthly for two months thereafter to identify _____ loss and ensure proper nutritional interventions are in place. Discrepancies will be addressed promptly. Audit findings will be reported to the Quality Assurance Performance Improvement (QAPI) committee for monthly review. Additional audits and education may be determined based on audit findings</p>	

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F 692	<p>Continued From page 3</p> <p>#23 enjoys eating in the dining room and requires Puree diet with double portions. Care Plan approaches were to provide prescribed diet at every meal; honor food preferences as able; staff to assist with meals as needed; offer fluids throughout the day; encourage oral intake; weigh as prescribed and monitor</p> <p>During an observation conducted on _____ at 12:09 PM Resident #23 was in the dining room, lunch tray was set on the table and the MDS coordinator assisted the resident, however, the consistency of the food was not pureed and was not the correct lunch tray for Resident #23. At 12:18 PM an observation of Resident 23's tray with correct consistency and appeared to have double portions. Resident #23 was observed opening his _____ wide and eating 100% of his lunch. At this time an interview was conducted with the MDS coordinator, who stated Resident #23 has a good appetite and eats 100% of his meals most of the time.</p> <p>During a second dining observation on _____ at 12:24 PM, Resident #23 was in the dining room for lunch and was assisted by a Certified Nursing Assistant (CNA) and was eating well. The meal ticket was reviewed and stated double portions.</p> <p>A review of Resident #23's _____ log showed that the following _____ were recorded: on _____ upon admission he was at _____ on _____ he was at _____ (_____ loss), and on _____ he had an additional 6- _____ loss. This showed a 10.30 percent _____ loss from _____ to _____</p>	F			

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F 692	<p>Continued From page 4</p> <p>During an interview conducted on _____ at 10:58 AM with Staff A, Licensed Practical Nurse (LPN), who stated she has worked at the facility for 4 years. She stated the facility does not have a restorative CNA and the CNA assigned to the resident would do the monthly _____. Staff A stated the CNA then would document the _____ in the computer and the nurses and the dietitian have access to see the residents' _____. She also stated that _____ are done monthly at the beginning of the month unless there's a physician's order for a specific timeline to obtain the resident's _____. Staff A stated she would report any _____ changes to the Assisting Director of Nursing (ADON) and then the dietitian will come in and follow up with the resident.</p> <p>Record review of the dietitian nutrition note dated _____ showed Resident #23's Ideal Body _____ (IBW) was _____ (_____) and current body _____ (BW) was _____ (_____) with recommendation to continue to follow up per protocol. At this time, no _____ (_____) was _____ and no documentation that Resident #23 was at risk for _____ loss.</p> <p>Record review of the dietitian nutrition follow up note dated _____ stated Resident #23 is tolerating puree diet well and staff has reported about 100 percent intake of meals. In addition, she reviewed the _____ from _____ to _____, however, the dietitian only looked at the _____ for _____ and _____ and noted Resident #23 has had a small _____ decline (2.3 percent _____ loss x 1 month), which is not significant. The interventions were to continue to monitor oral intake, body _____ and skin integrity, with a goal for _____ stabilization.</p>	F 692		

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F 692	<p>Continued From page 5</p> <p>Further review of the chart revealed no nutritional interventions or supplements were ordered at this time.</p> <p>Record review of the dietitian note dated for Resident #23 evaluation due to recent percent in a month. She reviewed the last 3 months of Resident #23's history and noted the loss as not significant. She mentioned Resident #23 is currently on supplements including E, D3, with C, and . She also noted that Resident #23 is considered at risk for loss and overall decline due to current medical status. The interventions were to continue monitoring closely, trends, and skin integrity. No additional interventions were ordered to address the loss. In addition, the dietitian did not review the complete history (to). At this time Resident #23 had a loss trend of since admission which indicated a 10.30 percent loss from to</p> <p>An interview conducted on at 12:35 PM with the General Manager for Dining, who stated staff members such as nursing, dietitian and even herself can add a food preference to the residents' chart. She stated these preferences are part of the meal ticket and printed on the Dining Details report daily. She reviewed Resident #23's preferences and noted the double portions preference was entered by the ADON on</p> <p>During an interview conducted on at 12:59 PM with the Clinical Dietitian, who stated she has been at the facility since</p>	F 692			

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F 692	Continued From page 6 2024 and works Part-time at least 20 hours a week. She stated she would receive an email with new admissions, and she usually completes the nutritional assessment within 3 days. For the Long-Term Care (LTC) residents, she conducts assessments quarterly, unless she is requested by family, or if the resident is losing weight. She noted that weight loss is considered if the resident has lost 5 percent in a month, 7.5 percent in 3 months and 10 percent in 6 months. She stated that during her assessments she utilizes her clinical knowledge, low protein, any the resident may have or if poor intake to assess the resident for risk of weight loss. She noted that a normal protein is 18, and under 18.5 is considered excessive weight loss. She stated the facility does offer fortified foods, for breakfast is oatmeal, and the other meal is mashed potatoes to add more calories for the residents who are losing weight. She then stated that the residents in this community are usually losing weight, she would immediately put interventions in place such as Ensure or (for residents) supplements, then fortified foods, the last resort is an appetite stimulant (with a physician's order) and continue evaluation. In addition, she stated she receives the monthly weight changes report via email. The report will include residents that are losing weight and percentage change in 30 days, 90 days and 180 days. At this time, the dietitian was asked to review Resident #23's weight history from admission date and was asked to document the weight loss and if it is significant. The dietitian stated, "yes it looks significant, let me look at the resident again". She then stated, "I missed that. I did not look at the resident to 6 months, only until 3 months". She then stated that she was not	F 692		

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F 692	<p>Continued From page 7</p> <p>aware Resident #23 was getting double portions for his meals. A side-by-side review of the clinical monthly changes report she received revealed that Resident #23 has a significant loss and again she stated, "I missed that". Furthermore, the Clinical Dietitian also acknowledged that the current for Resident #23 is 18.4 which indicates that Resident #23 is by 0.1.</p> <p>An interview was conducted on 04/016/25 at 3:00 PM with the ADON and the Director of Nursing (DON). The ADON stated she spoke with Resident #23's son on and she added double portions as preferences as per the son. In addition, the care plan would note this food preference change and the dietitian was notified. They both stated that the interdisciplinary team (ADON, DON, Social Services, MDS, Activity Manager) holds weekly high-risk rounds, the dietitian does not attend these meetings however, she receives email updates with the monthly changes report. ADON also stated that they identified a loss for Resident #23 and immediately notified the Clinical Dietitian by email on . Then the High-Risk meeting was conducted on . She acknowledged that the dietitian documentation was done on and she did not address the significant loss. ADON also stated she is the one to update the care plans, however, the dietitian did not advise any recommendations for her to update the nutrition care plan. At this time both ADON and DON acknowledged all findings.</p>	F 692		

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N 000	<p>INITIAL COMMENTS</p> <p>An unannounced Relicensure survey was conducted on _____ through _____ at Chatsworth at PGA National. The facility had deficiencies at the time of the survey.</p>	N 000		
N 201 SS=D	<p>400.022(1)(f), FS Right to Adequate and Appropriate Health Care</p> <p>(f) The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain acceptable parameters of nutritional status and failed to provide nutritional interventions in a timely manner for 1 of 2 sampled residents reviewed for nutrition (Resident #23).</p> <p>The findings included:</p> <p>Review of the facility's policy titled, " _____ Management," dated _____, included the following: Residents will have their _____ obtained on admission, re-admission and monthly or at a frequent determined by the interdisciplinary team or provider.</p> <p>Definitions: Significant _____ change- As defined in RAI Manual is any unplanned _____ % change over 1 month, 7.5% over 3 months or 10% change over the past 6 months.</p> <p>Procedure:</p>	N 201	<p>POC for Citation N201</p> <p>This plan of correction is the facility's credible allegation of compliance. Preparation and/or execution of this plan does not constitute admission nor agreement by the provider of the truth and facts alleged nor conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by provisions of federal and state law.</p> <p>Resident #23 had a _____ loss which was reviewed by the Registered Dietician. Both residents son and PCP were aware of his stated _____ loss. Care plan was updated by Clinical Team to include the following new interventions:</p>	

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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Electronically Signed

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N 201	<p>Continued From page 1</p> <p>4.The case associate and or Medication Aide obtains the _____ and documents the _____ into Touchscreen and or in myUnity.</p> <p>5. Once _____ have been entered into the EMR (Electronic Medical Record), the licensed nurse reviews myUnity's Resident _____ Report/and or _____ Changes +Report for residents obtained on the last day of the Month for any of the following _____ changes: a.5 percent (5%) change over 1 month b.7.5 percent (7.5%) change over 3 months or c. 10 percent (10%) change over the past 6 months.</p> <p>7.When a significant _____ change is identified the following will occur: a. PA/CS: The licensed nurse or designee notifies the Dietitian of any resident with a _____ from the previous _____ or a _____ significant _____ change.</p> <p>11. Guest/residents with significant _____ change should be discussed in High Risk Rounds/Utilization Review.</p> <p>12. When a significant _____ change is identified, the guest/resident plan of care will be reviewed, evaluated and revised, as applicable, to reflect interventions to support the guest/resident goals and preferences after medical consideration and interdisciplinary discussion.</p> <p>Record review for Resident #23 revealed that the resident was admitted to the facility on _____ with diagnoses to include: _____, Major _____, and _____.</p> <p>Review of Section C of the Quarterly Minimum Data Set (MDS) dated _____ revealed Resident #23 had a _____ (_____) of 00, which indicated that he was</p>	N 201	<p>- Daily _____ per Registered Dietician</p> <p>- Continue double portion meals and Ensure Shakes increased from daily to twice a day</p> <p>- Lab work (_____, CMP, Pre- _____)</p> <p>Resident was _____ daily until _____ with fluctuations between 118- _____ consistently, and consuming 100% of meals. Per dietician, Despite consuming 100% of meals(double portions) and Ensure supplement _____, the resident continues to experience unintentional _____ loss (_____).</p> <p>Order was received of _____ to discontinue daily _____ and new order was given for weekly _____. During conversation with Resident #23s son on _____ to give an additional follow-up regarding his current status, he requested a hospice consult and was signed onto hospice effective _____.</p> <p>The Registered Dietician, ADON, or designee will conduct an audit of current Skilled Nursing residents _____ to identify _____ loss, and ensure proper nutritional interventions are in place. Any discrepancies will be addressed promptly.</p> <p>The Staff Development Coordinator or designee will educate the Registered Dietician and Nursing staff on the facility policy for _____ management.</p> <p>The ADON or designee will review the _____ report and clinical notes during morning clinical meeting to identify a _____ loss or change in condition to ensure proper nutritional interventions are in place promptly. The Registered</p>	
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N 201	<p>Continued From page 2</p> <p>severely . . . Review of Section GG of the same MDS revealed Resident #23 was dependent on staff assistance for eating/nutrition and all his Activities of Daily Living (ADLs). In addition, review section O revealed Resident #23 was not on the Hospice care program.</p> <p>Review of the Physician's Orders showed Resident #23 had orders dated for (C) 500 mg tablet daily, 500 mcg tablet daily, diet: Pureed, Nectar Thick Liquid, continuous; apply to 3 times daily and as needed.</p> <p>Review of the Physician's Orders showed Resident #23 had orders dated for 600 + 600 mg (as) 200-unit tablet daily and on for (D3) 1,250 mcg (50,000 unit) tablet Every 1 Week.</p> <p>Review of the Holistic Care Plan dated under Nutritional Status documented Resident #23 enjoys eating in the dining room and requires Puree diet with double portions. Care Plan approaches were to provide prescribed diet at every meal; honor food preferences as able; staff to assist with meals as needed; offer fluids throughout the day; encourage oral intake; weigh as prescribed and monitor . . .</p> <p>During an observation conducted on . . . at 12:09 PM Resident #23 was in the dining room, lunch tray was set on the table and the MDS coordinator assisted the resident, however, noticed the consistency of the food was not pureed and was not the correct lunch tray for Resident #23. At 12:18 PM an observation of Resident 23's tray with correct consistency and</p>	N 201	<p>Dietician will attend weekly high-risk rounds meeting to review any residents with . . . loss and/or change in condition.</p> <p>The Registered Dietician or designee will conduct audit of current residents . . . on a weekly basis for one month, and then monthly for two months thereafter to identify . . . loss and ensure proper nutritional interventions are in place. Discrepancies will be addressed promptly. Audit findings will be reported to the Quality Assurance Performance Improvement (QAPI) committee for monthly review. Additional audits and education may be determined based on audit findings</p>	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35960938	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2025
NAME OF PROVIDER OR SUPPLIER CHATSWORTH AT PGA NATIONAL		STREET ADDRESS, CITY, STATE, ZIP CODE 347 HIATT DRIVE PALM BEACH GARDENS, FL 33418		
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N 201	<p>Continued From page 3</p> <p>appeared to have double portions. Resident #23 was observed opening his wide and eating 100% of his lunch. At this time an interview was conducted with the MDS coordinator, who stated Resident #23 has a good appetite and eats 100% of his meals most of the time.</p> <p>During a second dining observation on at 12:24 PM, Resident #23 was in the dining room for lunch and was assisted by a Certified Nursing Assistant (CNA) and was eating well. The meal ticket was reviewed and stated double portions.</p> <p>A review of Resident #23's log showed that the following were recorded: on upon admission he was at on he was at (loss), and on he had an additional 6- loss. This showed a 10.30 percent loss from to</p> <p>During an interview conducted on at 10:58 AM with Staff A, Licensed Practical Nurse (LPN), who stated she has worked at the facility for 4 years. She stated the facility does not have a restorative CNA and the CNA assigned to the resident would do the monthly. Staff A stated the CNA then would document the in the computer and the nurses and the dietitian have access to see the residents'. She also stated that are done monthly at the beginning of the month unless there's a physician's order for a specific timeline to obtain the resident's. Staff A stated she would report any changes to the Assisting Director of Nursing (ADON) and then the dietitian will come in and follow up with the resident.</p>	N 201		

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N 201	<p>Continued From page 4</p> <p>Record review of the dietitian nutrition note dated _____ showed Resident #23's Ideal Body Weight (IBW) was _____ (_____) and current body weight (BW) was _____ (_____) with recommendation to continue to follow up per protocol. At this time, no _____ (_____) was _____ and no documentation that Resident #23 was at risk for _____ loss.</p> <p>Record review of the dietitian nutrition follow up note dated _____ stated Resident #23 is tolerating puree diet well and staff has reported about 100 percent intake of meals. In addition, she reviewed the _____ from _____ to _____, however, the dietitian only looked at the _____ for _____ and _____ and noted Resident #23 has had a small _____ decline (2.3 percent _____ loss x 1 month), which is not significant. The interventions were to continue to monitor oral intake, body _____ and skin integrity, with a goal for _____ stabilization. Further review of the chart revealed no nutritional interventions or supplements were ordered at this time.</p> <p>Record review of the dietitian note dated _____ for Resident #23 evaluation due to recent _____ percent in a month. She reviewed the last 3 months of Resident #23's _____ history and noted the _____ loss as not significant. She mentioned Resident #23 is currently on supplements including _____ E, _____ D3, _____ with _____ C, and _____.</p> <p>She also noted that Resident #23 is considered at risk for _____ loss and overall decline due to current medical status. The interventions were to continue monitoring closely, _____ trends, and skin integrity. No additional interventions were ordered to address the _____</p>	N 201		
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N 201	<p>Continued From page 5</p> <p>loss. In addition, the dietitian did not review the complete history (to). At this time Resident #23 had a loss trend of since admission which indicated a 10.30 percent loss from to</p> <p>An interview conducted on at 12:35 PM with the General Manager for Dining, who stated staff members such as nursing, dietitian and even herself can add a food preference to the residents' chart. She stated these preferences are part of the meal ticket and printed on the Dining Details report daily. She reviewed Resident #23's preferences and noted the double portions preference was entered by the ADON on</p> <p>During an interview conducted on at 12:59 PM with the Clinical Dietitian, who stated she has been at the facility since and works Part-time at least 20 hours a week. She stated she would receive an email with new admissions, and she usually completes the nutritional assessment within 3 days. For the Long-Term Care (LTC) residents, she conducts assessments quarterly, unless she is requested by family, or if the resident is losing . She noted that loss is considered if the resident has lost 5 percent in a month, 7.5 percent in 3 months and 10 percent in 6 months. She stated that during her assessments she utilizes her clinical knowledge, low , any the resident may have or if poor intake to assess the resident for risk of loss. She noted that a normal is 18. and under 18.5 is considered excessive loss. She stated the facility does offer fortified foods, for breakfast is oatmeal, and the other meal is mashed potatoes to add more calories for the residents who are . She then stated</p>	N 201		
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N 201	<p>Continued From page 6</p> <p>that the residents in this community are usually . She also stated if a resident is losing , she would immediately put interventions in place such as Ensure or (for residents) supplements, then fortified foods, the last resort is an appetite stimulant (with a physician's order) and continue evaluation. In addition, she stated she receives the monthly changes report via email. The report will include residents that are losing and percentage change in 30 days, 90 days and 180 days. At this time, the dietitian was asked to review Resident #23's history from admission date and was asked to the loss and if it is significant. The dietitian stated, "yes it looks significant, let me look at the again". She then stated, "I missed that. I did not look to 6 months, only until". She then stated that she was not aware Resident #23 was getting double portions for his meals. A side-by-side review of the clinical monthly changes report she received revealed that Resident #23 has a significant loss and again she stated, "I missed that". Furthermore, the Clinical Dietitian also acknowledged that the current for Resident #23 is 18.4 which indicates that Resident #23 is by 0.1.</p> <p>An interview was conducted on 04/016/25 at 3:00 PM with the ADON and the Director of Nursing (DON). The ADON stated she spoke with Resident #23's son on and she added double portions as preferences as per the son. In addition, the care plan would note this food preference change and the dietitian was notified. They both stated that the interdisciplinary team (ADON, DON, Social Services, MDS, Activity Manager) holds weekly high-risk rounds, the dietitian does not attend these meetings however,</p>	N 201		
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N 201	<p>Continued From page 7</p> <p>she receives email updates with the monthly changes report. ADON also stated that they identified a loss for Resident #23 and immediately notified the Clinical Dietitian by email on . Then the High-Risk meeting was conducted on . She acknowledged that the dietitian documentation was done on and she did not address the significant loss. ADON also stated she is the one to update the care plans, however, the dietitian did not advise any recommendations for her to update the nutrition care plan. At this time both ADON and DON acknowledged all findings.</p> <p>Class III</p>	N 201		
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