STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	724010	A. BUILDING _____ B. WING _____	4/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KING NURSING & REHABILITATION COMMUNITY	2280 TOWER HILL RD HOUGHTON LAKE, MI 48629

(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
F0000 SS=	INITIAL COMMENTS King Nursing and Rehabilitation Center was surveyed for a Recertification survey on 4/10/25. Intakes: MI00150439, MI00150396 Census: 37	F0000		
F0692 SS= D	Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §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 observation, interview, and record review, the facility failed to monitor fluids as ordered for one Resident (R6) of two residents reviewed for fluid concerns. This deficient practice resulted in the potential for**	F0692	F692 #1 Resident 6 remains in the facility and does not appear to have been affected by this deficient finding. Documentation of fluid intake has been added to the EMAR for completion each shift. Night shift will complete 24-hr totals and update the provider PRN for concerns. Care plan has been reviewed and updated regarding fluid restriction. #2 All facility resident's requiring fluid restriction had the potential to be at risk for the same deficiency. No other resident's were found to be affected by this deficient practice. #3 Licensed nurses, CNA's, activity staff and therapy staff have been educated by the DON or designee regarding residents requiring fluid restriction and necessary documentation. #4 The DON or designee will audit residents requiring fluid restriction for intake documentation 3X a week for 4 weeks, then weekly for 4 weeks. Any identified concerns will be addressed immediately by the DON or designee. Finding will be submitted to the facility QA committee for further recommendations.	5/6/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/02/2025

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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	fluid imbalance. Findings include: Resident #6 (R6) The medical record revealed an admission date of 9/20/21 and a diagnosis list including dementia, stroke, and hyponatremia (a condition where the blood sodium is too low and can trigger cell swelling causing health issues ranging from mild to life threatening.) The medical record included a physician order dated 5/14/24 which read "Fluid restriction of 1.5 liters daily secondary to hyponatremia". On 4/8/25 at 12:34 PM during a tour of the dining room, R6 was observed eating lunch. The tray card indicated a diet of "Regular, NAS (No Added Salt) 1500 cc (cubic centimeters) Restr" (Restriction - indicating a fluid restricted diet of 1.5 liters.) When the resident was asked if she limited her fluids. The resident replied she did not. On 4/10/25 at 8:31 AM, R6 was observed in the dining room eating breakfast. Again, the tray card indicated a 1500cc fluid restriction with instructions to serve "360 cc or 2 x 6 oz (two six ounce) drinks". R6 was served 180 cc tea, 180 cc apple juice, and 120 cc milk to total 480 cc, exceeding the planned amount. During an interview on 4/10/25 at approximately 8:45 AM, Certified Dietary Manager (CDM) "G" stated the nursing department provided beverages with meals in the dining room and had served R6 that morning. The medical record for R6 from 3/10/25 to 4/10/25, revealed no fluids were documented			

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	as consumed in the vital section of the chart. The Care Plan for R6 included a problem with a "Start Date: 05/14/2024" which listed "Potential for fluid imbalance, fluctuating weights and edema r/t (related to) ordered fluid restrictions". Approaches for this care plan problem included: - "Start Date: 03/04/2025 Diet as ordered" - "Fluid restrictions as ordered. If applicable, educate (R6) on importance/reason of fluid restrictions in attempt to promote compliance and understanding." The care plan did not indicate an individualized plan for R6 related to fluid distribution. The "Fluid Restriction Worksheet" presented by the facility for R6, was dated as calculated on 5/14/24. This worksheet indicated 1500 cc of fluid was planned each day with 1080 cc distributed from the dietary department and 360 cc from the nursing department (for beverages at bedside and to be taken with medications.) The worksheet planned 60 cc per day as variance. During an interview on 4/10/25 at 8:21 AM, Certified Nurse Aide (CNA) "D" stated, "We do not document fluids anymore. " During an interview on 4/10/25 at 8:27 AM, Licensed Practical Nurse (LPN) "C" stated, "We know who is on fluid restriction and give fluids with meds but we do not have any documentation (to note the amount of fluids given)".			

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	During an interview on 4/10/25 at approximately 11:40 AM, the Director of Nursing (DON) stated the facility did not document amounts of fluids given or have a process to total fluids given as ordered by the physician. The DON acknowledged the physician had ordered a fluid restriction and fluid intake should be documented, totaled and analyzed for those residents requiring fluids be limited. **The fluid restriction policy was requested. A policy titled "Standards of Practices" dated as revised 5/2018 included a section on "Nutrition and hydration". The fluid restriction section of the policy read " ... 3. Staff will be aware of those residents on fluid restrictions or who have special swallowing requirements." No other fluid restriction procedures or policies were presented.**			