

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OF SUPPLIER AZRIA HEALTH WAVERLY		STREET ADDRESS, CITY, STATE, ZIP 11041 NORTH 137TH ST WAVERLY, NE 68462	
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)		
F 0692 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number NAC 175 12-006.09D8b Based on record review and interview, the facility failed to follow the facility protocol and reassess a weight discrepancy to prevent the potential for adverse events related to inaccuracy of weights sent to a Provider for 1 resident (Resident 1) of 3 residents reviewed. The facility census was 42. Findings are: Record review of Resident 1's [DIAGNOSES REDACTED]. Record review of care plan for Nutrition revealed; Resident 1 had a potential and/or are a risk for inability to maintain (genders) nutrition. Date Initiated: 01/22/2020. o Resident 1 would maintain adequate nutritional status as evidenced by maintaining weight within (X)% of (SPECIFY BASELINE), and consuming at least (X)% of at least (SPECIFY) meals daily through review date. Date Initiated: 01/22/2020 Revision on: 02/16/2020 Target Date: 05/05/2020 o Resident 1 would consume 50-75% of all three meals daily thru next review Date Initiated: 01/24/2020 o Diet as ordered: Mechanical soft diet Date Initiated: 01/24/2020 o Provide and serve supplements as ordered: (Specify) Date Initiated: 01/22/2020 Record review of hospital After Visit Summary and orders dated 1/22/20 revealed; Resident had a discharge weight of 177.4 pounds. Resident 1 had an order for [REDACTED]. Lungs sounds were diminished. Resident 1 had breathing treatments. Resident 1 was short of breath with activities. Resident 1 wore [MED]gen at 2 liters per nasal cannula continuously. Resident 1 drank 1 can of Ensure three times a day. Resident 1 had been choosing soup to eat and ate soup for most meals. Resident 1 had [MEDICAL CONDITION]. Resident 1 was not on fluid restrictions. Resident 1 had started daily weights on 02/14/20. Resident 1's weight on admission was 189.0, on 1/25/20 was 184.0 and 2/13/20 was 164.2 (the scales had not been working properly). Resident 1 had no [MEDICAL CONDITION] noted. Orders: decrease [MEDICATION NAME] (Diuretic) to 20 mg every morning, daily weights, [MEDICATION NAME] (antibiotic)100mg twice a day for 7 days for [MEDICAL CONDITION]. Record review of weights revealed; Resident 1 on admission 01/22/2020 weighed 189 Lbs. (pounds) (Standing Scale), on 01/25/2020 weighed 184 Lbs. (Standing Scale) NO WEIGHT ON 2/13/20, on 02/15/2020 weighed 173.8 Lbs. (Wheelchair Scale), on 02/16/2020 weighed 173.6 Lbs. and on 2/17/20 weighed 175.4 Lbs. (Wheelchair Scale). Record review of Nutrition Progress note dated 2/18/20 revealed; Height: 67. CBW (Current Body Weight) 175.4# which was a significant. loss of 7.2% x 30 days. The weight loss was likely related to a decrease in [MEDICAL CONDITION]. Per Nurses note dated 01/27/20 1-2+ [MEDICAL CONDITION] BLE (Bilateral lower Extremities) and 02/17/20, no [MEDICAL CONDITION]. [MEDICATION NAME] was recently decreased. On average, resident had eaten 75-100% of meals of a mechanical soft diet, with thin liquid diet. Tolerated diet well. Per 02/17/20 NN (Nurses Note), had a dental appointment with no new orders. Per Resident 1's preference, (gender) received 1 can Ensure 3 times a day which was accepted, per MAR (Medication Administration Record). Currently on an antibiotic related to [MEDICAL CONDITION]. Estimated nutritional needs are 1995-2395 calories, 80 grams protein, and 2395 cc fluids per day. Current oral intakes were adequate to meet estimated. needs. Will ask nursing to notify Provider of significant loss and if agreed the weight loss was related to fluid loss/desired. Record review of Weight Management Policy dated with a revision date of 5/27/26 revealed; Section IV. PROVISION(S) AND PROCEDURE(S) A. All residents are weighed: 1. On admission/readmission; 2. Weekly for the first four weeks after admission, then at a minimum monthly; 3. Weekly for four weeks after the resident starts tube feeding, then assessed for a minimum of one month; 4. Weekly for four weeks if a tube feeding is discontinued; 5. Weekly for four weeks if on IV for dehydration; 6. Weekly for four weeks with significant weight loss or gain; or 7. Weekly for four weeks if discontinued from appetite stimulant. 8. As needed if determined to be at risk by the clinical team. Examples include but not limited to multiple pressure ulcers, or poor oral intake. B. All weights are recorded in the electronic health record or on the Vital Signs and Weight Record sheet. C. If a week-to-week weight shows more than 3% variance, the resident is reweigh within 24 hours. D. If the month-to-month weight shows more than a 5% loss/gain, the resident is reweigh within 24 hours. E. All residents have a height and weight baseline is established within 48 hours of admission and documented in the resident's record. Hospital recorded height and weight are not used as initial admission weights. F. Consistencies for accurate weighing of residents (when feasible): 1. The same scale each time, 2. The same time of day, 3. With similar weighted clothing, 4. with shoes consistently on or off, 5. Consistently wearing or not wearing orthotics or prosthetics, G. General consideration for scales, 1. Keep devices stationary if feasible. 2. Scale to be properly calibrated by the maintenance department or designee. An interview on 3/5/20 at 3:39 PM with the MDS (Minimum Data Set- a federally mandated comprehensive assessment tool used to develop a resident's care plan) coordinator confirmed; the documented weight on the Doctors Order Sheet dated 2/14/20 may have been incorrect. The MDS coordinator confirmed Resident 1 had not been reweigh prior to the Doctors Order Sheet being sent to the Provider. MDS coordinator confirmed; this could potentially have adverse event related to the possibility of inaccurate information. The MDS coordinator reported that the information for the weight was received from the Dietician. An interview on 3/5/20 at 3:39 PM with the MDS coordinator confirmed; if a resident had a weight discrepancy of 3 pounds the resident should be reweigh.</p>		

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

TITLE

(X6) DATE

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.