| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 355100 | A. BUILDING _____ B. WING _____ | R 03/13/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| GOOD SAMARITAN SOCIETY - DEVILS LAKE | 302 7TH AVE NE DEVILS LAKE, ND 58301 |

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| {F 000} | INITIAL COMMENTS<br><br>An on-site revisit was conducted March 12-13, 2014 to determine compliance with the deficiencies identified during the January 21-23, 2014 survey. The revisit sample included 8 residents for focused review of the areas of non-compliance. The tag numbers enclosed in { } denotes citations that remained not met as determined by the on-site revisit. | {F 000} | | |
| {F 325} SS=D | 483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE<br><br>Based on a resident's comprehensive assessment, the facility must ensure that a resident -<br>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and<br>(2) Receives a therapeutic diet when there is a nutritional problem.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, medical record review, review of facility policy, and staff interview, the facility failed to implement dietary interventions to maintain adequate nutritional status and prevent weight loss for 2 of 4 sampled residents (Resident #3 and #4) identified with weight loss. Failure to implement nutritional interventions consistently may result in further weight loss and inadequate nutrition.<br><br>Findings include: | {F 325} | Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law. For the purposes of any allegations that the facility is not in substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the State Operations Manual.<br><br>1. Resident 3's needs continue to be addressed by trying various dietary interventions to maintain her nutritional status. Resident 3 remains on and receives fortified foods however different fortified drinks have been tried. Resident 3 has various likes and dislikes so staff continually try new interventions to see what this resident will accept and consume. The hot chocolate with instant breakfast intervention that was suggested as an additional intervention | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Susan E Dylland — TITLE: Administrator — (X6) DATE: 4/4/14

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 325} | Continued From page 1<br><br>Review of Resident #3's medical record occurred on March 12-13, 2014. Diagnoses included a history of stroke and anorexia.<br><br>Resident #3's weights showed the following:<br>*01/30/14: 87.4 pounds (lbs)<br>*02/06/14: 87.4 lbs<br>*02/13/14: 86 lbs<br>*02/20/14: 86.2 lbs<br>*02/27/14: 84.2 lbs<br>*03/06/14: 85 lbs (a 2.4 lb weight loss since the time of the survey)<br><br>Dietary progress notes identified the following:<br>*12/19/14: ". . . Receives fortified foods and magic cup. . . ."<br>*01/30/14: ". . . Supplements may need to be added . . ."<br>*02/13/14: ". . . Low BMI [body mass index] of 17.7 and significant weight loss. . . . Receives fortified foods and house supplement bid [twice per day] was started 2/12/14 [20 days after the standard survey] . . ."<br>*03/11/14: ". . . Res [resident] continues to receive fortified foods at meals and House Supplement 120 cc [cubic centimeters] BID for increased calories/protein. Suggest to also offer Carnation Instant Breakfast Drink with meals for additional calories and protein. . . ."<br><br>Resident #3's meal tray card identified:<br>Breakfast: 8 ounces (oz) whole milk, 6 oz juice<br>Lunch: no milk, 6 oz juice<br>Dinner: no milk, 6 oz juice<br>Special Instructions: Add Instant Carnation Breakfast to milk for Breakfast, and Hot chocolate with Instant Carnation Breakfast at Lunch and Dinner meals. | {F 325} | was attempted but the resident did not like the beverage so rejected that intervention. Since the survey, the dietitian has reviewed Resident 3's medical record and has made other suggestions for interventions that we can try to give to the resident to see if she will consistently accept to avoid additional weight loss.<br><br>Resident 4's needs continue to be addressed by the purchase of new kitchen glassware for liquids that can support eight ounces of fluids. On 4-1-14, Resident 4's carnation instant breakfast had been discontinued due to adverse effects of loose stool. We continue to attempt various interventions for additional nutrition and fortified food interventions and update the care plan as needed.<br><br>2. The facility has identified a total of 18 residents that need and receive a fortified menu. These residents will be reviewed for appropriate fortified food interventions and the care plans will be updated to state: provide fortified menu. | |

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| {F 325} | Continued From page 2<br><br>Observation on 03/13/14 at 7:51 a.m. showed Resident #3 eating breakfast. Her beverages included approximately four oz of milk (not eight oz as identified on Resident #3's tray card) and four oz of juice in a six oz glass (240 cc of fluid total).<br><br>At the conclusion of the meal, an unidentified dietary staff member documented meal intakes. The staff member charted 240 (cc) of fluids taken by Resident #3 at the breakfast meal, although observation showed juice and milk remained in both glasses. Inaccurate charting of fluid/supplement intakes does not represent the actual amount of fluids consumed by residents.<br><br>Observation on 03/13/14 at 12:02 p.m. showed Resident #3 eating lunch, which consisted of ground steak, mashed potatoes and gravy, green beans, and approximately six oz of juice in an eight oz glass. Observation showed other residents at the table received the same meal. At 12:36 p.m., Resident #3 ate approximately 50% of her steak, 25% of her mashed potatoes, and no green beans. Staff also failed to offer her hot chocolate with instant breakfast as per her tray card.<br><br>- Review of Resident #4's medical record occurred on March 12-13, 2014. Diagnoses included dementia and a history of stroke.<br><br>Resident #4's weights showed the following:<br>*02/04/14: 114 lbs<br>*02/11/14: 114.2 lbs<br>*02/18/14: 113.8 lbs<br>*02/27/14: 113.4 lbs<br>*03/04/14: 110.6 lbs | {F 325} | The individual resident tray cards will list the individualized fortified intervention.<br><br>3. A mandatory dietary meeting was held on April 3, 2014. Dietary staff were reinstructed in regards to preparing and serving fortified foods. Training on care planning fortified foods in PCC was provided to the DDS by Good Samaritan NC on 4-4-14. Staff were given guidance on appropriate documentation of fluid ounces regarding the new glassware.<br><br>System Changes: New glassware was purchased and implemented to allow 8 ounce servings of fluids in one glass.<br><br>System Change: Diet tray cards have been updated with a color coding system that alerts the staff on additional fortified food interventions.<br><br>4. An audit tool will be developed to ensure compliance in giving the appropriate nutritional intervention to the residents identified and to monitor whether the documentation is accurate | |

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| {F 325} | Continued From page 3<br>*03/11/14: 112 lbs (a 2 lb weight loss since the time of the survey)<br><br>Resident #4's tray card identified eight oz of whole milk at meals and instant breakfast added to milk at meals.<br><br>Observation on 03/13/14 at 8:11 a.m. showed Resident #4 eating breakfast and approximately six oz of milk in an eight oz glass.<br><br>Observation on 03/13/14 at 12:06 p.m. showed Resident #4 eating lunch and approximately six oz of milk in an eight oz glass.<br><br>During an interview on the afternoon of 03/13/14, a supervisory dietary staff member (#1) stated "that should not have been missed," when asked about Resident #3 failing to receive fortified hot chocolate at lunch time. The staff member also stated the facility's glasses measured six oz and eight oz. He then indicated that staff fill the glasses to a certain mark on the outside of the glasses. The staff member used a measuring cup to demonstrate how full staff fill the glasses, which showed only six oz of fluid is served in the eight oz glasses and only four oz of fluid is served in the six oz glasses. These inaccuracies resulted in every resident receiving the wrong amount of fluid, as well as erroneous documentation of fluid intakes.<br><br>Failure to ensure Resident #3 received instant breakfast at lunch, Resident #3 and #4 received eight oz of whole milk (a source of additional calories, protein, and fat) as identified by tray cards, and staff serve residents the correct amounts of fluids may have contributed to further weight loss and inadequate nutrition. | {F 325} | regarding fortified drink intake. The audit will be completed by the DDS or designee weekly for four weeks, then monthly for two months. The results of the audits will be reported to the QA committee for further recommendations.<br><br>5. 4-15-14 | |

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