

POC accepted 6/19/20
#09451

PRINTED: 05/27/2020
FORM APPROVED

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA040006076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/27/2020
NAME OF PROVIDER OR SUPPLIER GRANADA POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP CODE 3565 E. IMPERIAL HWY. LYNWOOD, CA 90262			
(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	
C 000	Initial Comments The following reflects the findings of the Department of Public Health during a complaint investigation. Complaint number: CA00454548 Representing the Department: Health Facility Evaluator Nurse: 22458, RN The inspection was limited to the specific complaint investigation and does not represent the findings of a full inspection of the facility. One deficiency was written as a result of complaint number 454548.	C 000			
C1050	T22 DIV5 CH3 ART3-72315(h) Nursing Service--Patient Care (h) Each patient shall be provided with good nutrition and with necessary fluids for hydration. This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure residents received adequate hydration in order to maintain proper body functions by failing to place the resident's water pitcher within reach. This deficient practice had the potential to contributing to the residents' dehydration (body water intake less than output). Findings: 1. A review of Resident 1's closed record indicated Resident 1 was admitted to the facility on 8/4/15. Resident 1's diagnoses included	C1050			

Licensing and Certification Division

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

TITLE

(X6) DATE

STATE FORM

HSMO1

If continuation sheet 1 of 9

Administrator

6/5/2020

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA940000976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/27/2020
NAME OF PROVIDER OR SUPPLIER GRANADA POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP CODE 3825 E. IMPERIAL HWY. LYNWOOD, CA 90262		
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C1050	<p>Continued From page 1</p> <p>hypothyroidism (underactive thyroid, is a condition in which your thyroid gland doesn't produce enough of certain crucial hormones), sepsis (the body normally releases chemicals into the bloodstream to fight an infection), and depressive disorder (a persistent feeling of sadness and loss of interest and can interfere with your daily functioning).</p> <p>A review of Resident 1's physician's discharge summary, from GACH 1, dated 8/4/15, indicated that during Resident 1's hospital stay from 7/28/15 to 8/4/15, the resident received IV antibiotics for UTI, was hydrated with intravenous (IV) fluid, and was continued on proper hydration therapy. The discharge summary indicated Resident 1 was transferred back to the facility in stable condition.</p> <p>A review of the GACH 1 laboratory results, dated August 4, 2015 (day of discharge) indicated Resident 1's blood chemistry levels were within normal limits (WNL): Sodium: 142 mEq/ml; Potassium: 3.7 mEq/ml; Chloride: 106 mEq/ml; and BUN: 15.8 mg/dL.</p> <p>A review of the facility's Resident Data Collection (nursing assessment) document, dated 8/4/15, and timed at 8:45 p.m., indicated Resident 1 was readmitted to the facility alert and oriented to person and place. According to the nursing assessment, Resident 1 required a one-person assist for transferring and ambulation, was independent for eating, but required assistance with dressing, bathing, and mobility.</p> <p>A review of a physician's order, dated 8/8/15, indicated an order for a mechanical soft, no added sugar diet with a beverage preference was listed as juice and milk.</p>	C1050	<p>This plan of correction constitutes the facility's credible allegation of compliance for the deficiency noted.</p> <p>Royal Oaks Care Center makes its best effort to operate in full compliance with both Federal and State law. Nothing included in this Plan of Correction is an admission otherwise Royal Oaks Care Center has submitted this Plan of Correction in order to comply with its regulatory obligation and does not waive any objections to the merits or form any allegations contained herein.</p> <p>C1050 Ca 454548 <u>For the residents identified</u></p> <p>Resident 1 is no longer a resident at this facility as this visit took place in 2015. He was a resident prior to the change of ownership 3/2017.</p> <p><u>For all residents</u></p> <p>All residents will be encouraged to drink fluids during all meals, med pass and throughout the day. Water Pitchers shall be within reach for the residents</p> <p>In September 2018 a water dispenser was added to the activity room and rehab room in addition to the juice dispenser in order to increase availability of fluids for all residents.</p> <p>Residents are offered and encouraged to drink water during all meals, med pass and throughout the day and will be offered a variety of fluid options in order to increase residents fluid intake.</p> <p>Staff will report when residents are refusing water intake or have other fluid preferences to maintain resident hydration.</p>	<p>06/05/2020</p> <p>06/05/2020</p> <p>06/05/2020</p>

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NAME OF PROVIDER OR SUPPLIER GRANADA POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP CODE 3965 E. IMPERIAL HWY. LYNWOOD, CA 90262		
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C105D	<p>Continued From page 2</p> <p>A review of Resident 1's Hydration Risk Assessment document, dated 8/8/15, indicated Resident 1 was at risk for dehydration (occurs when your body loses too much fluid).</p> <p>A review of Resident 1's preprinted care plan, titled, "Resident at Moderate Risk for Dehydration," dated 8/8/15 indicated the goal for Resident 1 was to remain hydrated, as evident by good skin turgor (elasticity of the skin-ability of skin to change shape and return to normal), and moist mucous membranes (area inside of mouth). The staff's plan of approach was to observe Resident 1 for signs and symptoms (S/S) of dehydration, such as poor skin turgor, dry mucosa (dry mouth), and concentrated urine. Another staff approach indicated for the staff to provide Resident 1 with adequate fluids daily, and to notify the physician for any significant changes.</p> <p>The care plan had no documented evidence to indicate what "Adequate fluids" meant, or that the staff would consistently monitored Resident 1 for adequate fluid intake, especially since Resident 1 was readmitted from the GACH with a diagnosis that included dehydration.</p> <p>A review of Resident 1's Nursing Assistant Daily Flow Sheet from 8/5-8/9/15, indicated fluids were offered on all three shifts. However, there was no indication of how much fluid the resident consumed.</p> <p>The facility was unable to locate the resident's records of registered dietitian's (RD) initial assessment and the dietary service supervisor's notes, according to the direct staff developer (DSD).</p>	C105D	<p><u>Measures to ensure compliance</u></p> <p>On 9/20/18, 9/21/18, 9/21/18, 9/24/18, 1/29/2019, 5/1/2019, 9/19/2019, 10/1/2019, 5/22/2020 the director of staff development (DSD) in-serviced CNA's various subjects regarding hydration such as: nutritional management, hydration management, hydration/dehydration and intake and output.</p> <p>Licensed nurses were inserviced on 9/25/18 and on hydration management and encouraging residents to drink fluids during med pass, with meals and throughout the day. On 6/14/19, 9/19/19 and 1/8/20, licensed nurses were inserviced on intake and output and hydration/dialysis.</p> <p><u>Monitoring of corrective action</u></p> <p>DSD and DON will make rounds to ensure that adequate fluids are available to each resident. DON will report negative findings to QA committee for follow up recommendation.</p>	<p>06/05/2020</p> <p>06/05/2020</p>

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NAME OF PROVIDER OR SUPPLIER GRANADA POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP CODE 3565 E. IMPERIAL HWY. LYNWOOD, CA 92582			
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C1050	<p>Continued From page 3</p> <p>A nurses note entry, dated 8/10/15, and timed at 8:25 a.m., indicated Resident 1, whose baseline mentation had been alert, oriented to person and place, and was able to follow commands, was now non-verbal, and unable to follow commands. Resident 1's oxygen saturation (the amount of oxygen present in the bloodstream), was 75 percent (%) (NRR is 98-100%). A nurse's note entry, dated 8/10/15, and timed at 8:30 a.m., indicated Resident 1 was transferred to GACH 2 via 911 ambulance.</p> <p>A review of the GACH 2's Emergency Department (ED) dated 8/10/15, indicated Resident 1's primary diagnosis was AMS. Resident 1's vital signs were 127/70, pulse 102, and a respiratory rate of 24. The H/P Report, dated 8/10/15, indicated Resident 1 presented with ALOC secondary to possible sepsis, hyponatremia (abnormally high sodium level), and appeared to be dehydrated and malnourished. The physician's assessment included diagnoses of sepsis (overwhelming infection of the bloodstream), leukocytosis (increase of number of white blood cells), acute renal failure (kidneys suddenly lose the ability to eliminate excess salts, fluids, and waste materials from the blood), hypernatremia, and failure to thrive (a state of decline that included weight loss, decreased appetite, poor nutrition, and inactivity).</p> <p>Resident 1's vital signs in the ED were as follows: Blood pressure (BP) 143/78, heart rate at 78 per minute, respiratory rate at 18/minute, and a temperature of 98.6 degrees Fahrenheit (F).</p> <p>A review of Resident 1's blood chemistry laboratory results, dated 8/10/15 indicated elevated levels: sodium- 172 mEq/L, potassium-</p>	C1050			

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NAME OF PROVIDER OR SUPPLIER GRANADA POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP CODE 3555 E. IMPERIAL HWY. LYNWOOD, CA 90262		
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C1050	<p>Continued From page 4</p> <p>5.4 mEq/L, chloride- 127 mEq/L, WBC- 38.4 K/uL, BUN- 76 mg/dL, and creatinine- 3.0 mg/dL.</p> <p>According to the ED's record, Resident 1 received two 1000 ml boluses (infused rapidly) of normal saline intravenously (IV) into the vein) and IV antibiotics (used for treatment of infections). The ED notes also indicated Resident 1, who had no prior history of seizures (define) had a total of two possible seizures, while in the ED. Resident 1 was transferred to the intensive care unit (ICU).</p> <p>A review of GACH 2 discharge summary document, dated August 28, 2015 (18 days after admission), indicated Resident 1 was treated with IV fluid hydration and IV antibiotics with improvement, did well during the course of his admission, and was transferred to another long term care facility, per resident request.</p> <p>On August 28, 2015 at 11:45 a.m., during an interview, the director of nursing (DON) stated she had received a call from GACH 2 shortly after Resident 1 was transferred, inquiring about the resident's fluid intake during the resident's stay at the facility. The DON further stated the CNA flow sheet for August 8, 2015-August 9, 2015, indicated the resident consumed 80-100% of his meals.</p> <p>On August 28, 2015 at 4:35 p.m., during an interview, RN 2 stated he recalled that Resident 1 usually ate everything on his tray.</p> <p>2. On August 28, 2015 at 8:55 a.m., the following observations were made during a tour of the facility: Room 8B- The water pitcher was on the overbed (OB) table, which was located at the end of the</p>	C1050		

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NAME OF PROVIDER OR SUPPLIER GRANADA POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP CODE 3565 E. IMPERIAL HWY. LYNWOOD, CA 90262			
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C1050	<p>Continued From page 5</p> <p>resident's bed. When the resident was asked if she was able to reach her water, the resident shook her head.</p> <p>Room 8C- The OB table was next to the window, and appeared to be two to two and a half feet from the resident's bed.</p> <p>Room 7A- A water pitcher was located on top of the dresser adjacent to the resident's bed. The resident was on a low bed, and would not have been able to reach the water.</p> <p>At 9:15 a.m., during an observation and interview with CNA 2, Resident 2 was sitting up in bed. A water pitcher was located on the OB table, at the furthest point from the resident. During an interview at the same time, CNA 2 stated the resident would not be able to reach the water.</p> <p>Room 8B- The water pitcher was on top of the dresser, which was out of reach of the bed.</p> <p>An observation of Resident 3's room indicated there was no OB table, and that the water pitcher was on a shelf, located approximately five feet from the bed. At 9:55 a.m. that morning, during observation and interview with RN 1 and CNA 3, RN 1 stated Resident 3 was unable to pour her own water, and that the resident should have an OB table. RN 1 then stated the CNAs obtained and filled clean water pitchers at the start of each shift, and offered water to the residents every two hours.</p> <p>An observation of Resident 4's room revealed the water pitcher was on a shelf adjacent to the bed, and out of the resident's reach.</p> <p>An observation of Resident 5's room revealed a water pitcher on the OB table, but the table was out of the resident's reach. There was no water pitcher or OB table observed for the resident in the next bed. During an interview at the same time, certified nursing assistant (CNA) 1 stated the facility was in the process of changing to new OB tables, then stated each resident should have</p>	C1050			

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STATE FORM

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HSMO11

If continuation sheet 5 of 8

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C1050	<p>Continued From page 6</p> <p>a table, and she would immediately get a table for the resident.</p> <p>Room 28A- There was no water at the resident's bedside.</p> <p>Room 28B- A water pitcher was on the OB table, which was out of reach of the resident. There was no water cup present.</p> <p>3. A review of Resident 2's record indicated the resident was admitted to the facility on June 23, 2015, with diagnoses that included diabetes and hypertension (high blood pressure-long-term force of the blood against the artery walls that is high enough that it may eventually cause health problems).</p> <p>A review of Resident 2's MDS indicated the resident was minimally cognitively impaired, and required extensive staff assistance with most activities of daily living.</p> <p>A review of the Hydration Assessment document, dated June 23, 2015, indicated Resident 2 was at risk for dehydration.</p> <p>A pre-printed nutritional care plan, dated June 30, 2015, indicated to observe for signs and symptoms of dehydration, and to encourage to consume fluids daily.</p> <p>4. A review of Resident 3's clinical record indicated the resident was admitted to the facility on March 28, 2013. The resident's diagnoses included dysphagia (difficulty swallowing), and anemia (not enough red blood cells in the body, leading to a lowered ability of the blood to carry oxygen).</p> <p>A review of the Dehydration Risk Assessment, dated August 20, 2015, indicated Resident 3 was</p>	C1050		<p>10</p> <p>11</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p>26</p> <p>27</p> <p>28</p> <p>29</p> <p>30</p> <p>31</p> <p>32</p> <p>33</p> <p>34</p> <p>35</p> <p>36</p> <p>37</p> <p>38</p> <p>39</p> <p>40</p> <p>41</p> <p>42</p> <p>43</p> <p>44</p> <p>45</p> <p>46</p> <p>47</p> <p>48</p> <p>49</p> <p>50</p> <p>51</p> <p>52</p> <p>53</p> <p>54</p> <p>55</p> <p>56</p> <p>57</p> <p>58</p> <p>59</p> <p>60</p> <p>61</p> <p>62</p> <p>63</p> <p>64</p> <p>65</p> <p>66</p> <p>67</p> <p>68</p> <p>69</p> <p>70</p> <p>71</p> <p>72</p> <p>73</p> <p>74</p> <p>75</p> <p>76</p> <p>77</p> <p>78</p> <p>79</p> <p>80</p> <p>81</p> <p>82</p> <p>83</p> <p>84</p> <p>85</p> <p>86</p> <p>87</p> <p>88</p> <p>89</p> <p>90</p> <p>91</p> <p>92</p> <p>93</p> <p>94</p> <p>95</p> <p>96</p> <p>97</p> <p>98</p> <p>99</p> <p>100</p>	

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NAME OF PROVIDER OR SUPPLIER GRANADA POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP CODE 3665 E. IMPERIAL HWY. LYNWOOD, CA 90262			
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C1050	<p>Continued From page 7</p> <p>at risk for dehydration.</p> <p>A pre-printed nutritional care plan, dated August 20, 2015, indicated to observe for signs of dehydration, and encourage to consume fluids daily.</p> <p>4. A review of Resident 4's clinical record indicated the resident was re-admitted to the facility on March 22, 2015 with diagnoses that included Alzheimer's dementia (a progressive brain disease that slowly destroys memory and thinking skills).</p> <p>The MDS, dated June 26, 2015, indicated Resident 4 was moderately cognitively impaired, and was totally dependent on staff for all activities of daily living</p> <p>An order, dated June 2, 2015, indicated to administer tube feeding of Jevity 1.2 at a rate of 45 milliliters (ml) per hour to provide 1080 ml daily, and to provide a pureed diet (common foods that are blended to become smooth).</p> <p>A review of the quarterly Hydration Assessment document, dated June 25, 2015, indicated Resident 4 was at risk for dehydration.</p> <p>The Nutritional Risk care plan, re-evaluated June, 2015, indicated the resident will be free of any signs of dehydration. One of the approach plans indicated for tube feeding administration, and to flush gastrostomy tube (GT- a plastic tubing that is surgically inserted into the stomach for purposes of providing nutrition, and for medication administration) with 200 ml of water every shift.</p> <p>5. A review of Resident 5's clinical record indicated the resident was admitted to the facility on August 5, 2015. The resident's diagnoses</p>	C1050			

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C1050	<p>Continued From page 8</p> <p>Included high blood pressure and anxiety.</p> <p>A review of the Hydration Assessment document, dated August 8, 2015, indicated the resident was high risk for dehydration.</p> <p>A review of a Nutritional Risk care plan, dated August 12, 2015, indicated to observe for signs of dehydration, and encourage to consume fluids daily.</p> <p>A review of the facility's policy, titled, "Resident Hydration and Prevention of Dehydration", revised December 2011, stipulated the following:</p> <p>"[The] facility will endeavor to provide adequate hydration, and will prevent and treat dehydration...Nursing will assess for signs and symptoms of dehydration during daily care...Nurses aides will provide and encourage intake of bedside, snack, and meal fluids on a daily and routine basis as part of daily care...Nursing will monitor and document fluid intake...[The] Interdisciplinary Team will update care plan and document resident response to interventions..."</p>	C1050		C	