STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555770	A. BUILDING _____ B. WING _____	C 12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMARILLO HEALTHCARE CENTER	205 GRANADA ST CAMARILLO, CA 93010

(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 The following reflects the findings of the California Department of Public Health - Licensing and Certification during the investigation of two complaints on an abbreviated standard survey . Complaint number CA00931369 Complaint number CA00931398 The inspection was limited to the specific complaints and does not represent the findings of a full inspection of the facility. One deficiency was issued for complaint number CA00931369 at F-692. One deficiency was issued for complaint number CA00931398 at F-692.	F 000	Allegation of compliance: This plan of correction is prepared and submitted by law. By submitting this POC, Camarillo HealthCare Center does not admit that the deficiencies listed on HCFA form 2567 exist nor does Camarillo HealthCare Center admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiencies. Camarillo HealthCare Center reserves the right to challenge in legal proceedings all deficiencies, statements, findings, facts and conclusions that form the basis for the deficiencies.	1/31/25
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §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	F 692	The plan of correction constitutes my written credible allegation of compliance for the deficiencies	

Accepted Amended 1/27/25 ITEM 1

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: MARJORIE FATIMA M. CRUZ RN

TITLE: DIRECTOR OF NURSING

(X6) DATE: 1/25/25

.ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other afeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the ate 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 ıese documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

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

PRINTED: 01/15/2025
FORM APPROVED
OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER: **CAMARILLO HEALTHCARE CENTER**

STREET ADDRESS, CITY, STATE, ZIP CODE: **205 GRANADA ST CAMARILLO, CA 93010**

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F 692	Continued From page 1 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 interview and record review the facility failed to: 1. Document fluid intake accurately for 1 out of 2 sampled residents (Resident 1). 2. Document fluid intake accurately for 1 out of 2 sampled residents (Resident 2). This failure had potential to affect the hydration status of Resident 1 and may have contributed to Resident 1 being sent out to the emergency room (ER) for shortness of breath; and admitted to the hospital for sepsis and pneumonia. This failure had potential to affect the hydration status of Resident 2 and may have contributed to Resident 2 being sent out to the ER for altered mental status; and admitted to the hospital for pneumonia, urinary tract infection (UTI) and sepsis. Findings: 1. During a review of Resident 1 ' s "Physician Orders" dated 11/6/24-11/16/24, the physician orders indicated to record intake each shift and record the total daily intake in ml/cc (milliliters/cubic centimeters). The physician orders indicated to calculate the 24 hours intake on the night shift. During a review of Resident 1 ' s "Intake Record"	F 692	Resident 1 was admitted to Camarillo Healthcare Center on 11/6/24 with Diagnosis of Pneumonia, History of COPD and Pleural Effusion - she was on po ATB and is on Fluid restriction up to 1800cc due to low Na level. During the resident's stay at the facility, her fluid intake did not exceed to the 1800c as ordered. 11/7/24 – Na level during her stay at the facility – 136 (normal range is 136- 145) 11/15 Laboratory blood tests was ordered in preparation for discharged to home and lab result of Na level is 132 (normal range is 136- 145) but WBC White Blood Count is 18.3 – (normal range is 4.5- 13.5) The CXR (Chest x ray was ordered due to white blood count that is high) resident at that time is asymptomatic and is able to participate well in rehab, walk 350ft x2. Result of chest Xray – Pleural Effusion and Pneumonia - she was immediately started on Intravenous antibiotic (IVATB) 11/16/24 – her Oxygen saturation went below 90% that warrant her return to hospital for further evaluation. Report from ER (Emergency room) Na level – 134, BUN – 18 (BUN level normal, 10-20) **BUN- a test to assess how well the kidneys are functioning, a higher-than-normal BUN level can indicate kidney problems, heart failure, dehydration** Resident return to CHC (Camarillo health care Center on 11/26/24 from hospital and discharged to home on December 13, 2024,	1/31/25

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F 692	Continued From page 2 and the "Calculated 24-hours Intake Record" dated 11/8/24-11/15/24, indicated on: 11/9/24 the intake for day shift was 450 cc ' s, intake for pm shift was 550 cc ' s, and intake for night shift was 550 cc ' s. The total equaled 1550 cc ' s. The 24-hour total intake was documented as 1010 cc ' s. 11/10/24 the intake for day shift was 500 cc ' s, intake for pm shift was 360 cc ' s, and intake for night shift was 120 cc ' s. The total equaled 980 cc ' s. The 24-hour total intake was documented as 1590 cc ' s. 11/11/24 the intake for day shift was 500 cc ' s, intake for pm shift was 450 cc ' s, and intake for night shift was 120 cc ' s. The total equaled 1070 cc ' s. The 24-hour total intake was documented as 1300 cc ' s. 11/12/24 the intake for day shift was 450 cc ' s, intake for pm shift was 450 cc ' s, and intake for night shift was 120 cc ' s. The total equaled 1020 cc ' s. The 24-hour total intake was documented as 1180 cc ' s. 11/13/24 the intake for day shift was 500 cc ' s, intake for pm shift was 350 cc ' s, and intake for night shift was 120 cc ' s. The total equaled 970 cc ' s. The 24-hour total intake was documented as 1100 cc ' s. 11/14/24 the intake for day shift was 425 cc ' s, intake for pm shift was 300 cc ' s, and intake for night shift was 120 cc ' s. The total equaled 845 cc ' s. The 24-hour total intake was documented as 1400 cc ' s. 11/15/24 the intake for day shift was 425 cc ' s, intake for pm shift was 500 cc ' s, and intake for night shift was 30 cc ' s. The total equaled 955 cc ' s. The 24-hour total intake was documented as 1400 cc ' s.	F 692	Resident 2 was admitted to Camarillo Healthcare Center on 9/5/24 with Diagnosis of She came with a baseline BUN (Blood Urea Nitrogen) of 29, lab work obtained 9/6/24. (BUN normal range 10-20) **BUN- a test to assess how well the kidneys are functioning, a higher-than-normal BUN level can indicate kidney problems, heart failure, dehydration.** - This resident has history of chronic kidney disease and is being followed by Nephrologists, Dr. Tane Liu PO intake is observed and monitored; appetite stimulant was started on 10/1/24. 10/4/24 – Intravenous fluid with multivitamin x 2 liters due to meal intake – 0 to 25% and her BUN level is 23 (BUN level normal, 10-20) - After completion of IV fluid – BUN level re checked, result is 16 (BUN normal is 10-20) - 10/11/24 -with improvement on her meal intake to 25-50% but BUN is at 26 (BUN normal 10-20) Intravenous fluid with multivitamin x 2 liters was ordered. - After completion of IV fluid BUN level re checked, result is 17 (BUN normal is 10-20) meal intake still variable – 0 to 75%. MD ordered to monitor BUN (Blood Urea Nitrogen, normal range 10-20) 10/21 – BUN result – 21 with meal intake-25-100% 11/1- BUN result – 38, meal intake,0-25% MD order – fluid encourage 11/11- BUN result – 37, MD order to re start Intravenous Fluid with Multivitamin x 2 liters 11/13- Transfer to Hospital for evaluation due to altered mental status and she was transferred to hospital with on going IVF NOTE: per Hospital ER report BUN level improved to 29 (from 37 on 11/11 from the facility)	1/31/25

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F 692	Continued From page 3 During a concurrent interview and record review on 1/10/25 at 2:22 p.m., with the director of nursing (DON), Resident 1 ' s "Intake Record" and the "Calculated 24-hours Intake Record" dated 11/8/24-11/15/24 were reviewed. When asked if the daily intake record totals should match the 24-hour intake record totals, the DON verbalized yes, the totals should match. The DON acknowledged the daily intake totals did not match the 24-hour intake totals and they should. The DON further acknowledged the intake totals were not accurate. During a review of the facility ' s policy and procedure (P&P) titled, "Intake and Output" dated 6/11/24, indicated in part ... "It is the policy of this facility to maintain an intake and output record when needed to monitor residents for adequate fluid balance. Intake and output shall be recorded by each shift. During a review of Resident 1 ' s "ED Physician Notes" dated 11/16/24, indicated in part ... Resident 1 was recently diagnosed with pneumonia, on 2 liters of oxygen via nasal cannula coming from skilled nursing facility for shortness of breath ...Diagnosis: Sepsis with acute hypoxic (not enough oxygen in the blood) respiratory failure and pneumonia. 2. During a review of Resident 2 ' s "Physician Orders" dated 9/5/24-11/13/24, the physician orders indicated to record intake each shift and record the total daily intake in ml/cc (milliliters/cubic centimeters) every shift for monitoring due to poor appetite. The physician	F 692	F 692 How corrective actions will be accomplished for those residents found to have been affected by the deficient practice: ➢ The LN's nurses that were identified with incorrect total inputted of the output was counselled and was given a one-on-one Inservice on 1/9/25 ➢ Mandatory Inservice to all Licensed nurses was initiated on 1/15/25 and 1/17/25 regarding accuracy of the total output calculation and the Intake and Output Policy and Procedure How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: ➢ A full review of the resident that are on Intake and Output monitoring on 1/17/25 and follow up as indicated was also completed. ➢ NO other resident identified that are affected of the said deficiency.	1/31/25

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F 692	Continued From page 4 orders indicated to calculate the 24 hours intake on the night shift. During a review of Resident 2 ' s "Nutrition Evaluation" dated 9/6/24, indicated in part ... meal intake assessment: 0-25%, fluid intake assessment: needs encouragement with fluid intake ...IV support: yes ...estimated fluid needs not less than 1500 cc/day. During a review of Resident 2 ' s "Intake Record" and the "Calculated 24-hours Intake Record" dated 11/1/24-11/13/24, indicated on: 11/1/24 the intake for day shift was 250 cc ' s, intake for pm shift was 120 cc ' s, and intake for night shift was 120 cc ' s. The total equaled 490 cc ' s. The 24-hour total intake was documented as 700 cc ' s. Less than 1500 cc/day. 11/5/24 the intake for day shift was 200 cc ' s, intake for pm shift was 120 cc ' s, and intake for night shift was 60 cc ' s. The total equaled 380 cc ' s. The 24-hour total intake was documented as 560 cc ' s. Less than 1500 cc/day. 11/6/24 the intake for day shift was 400 cc ' s, intake for pm shift was 200 cc ' s, and intake for night shift was 120 cc ' s. The total equaled 720 cc ' s. The 24-hour total intake was documented as 750 cc ' s. Less than 1500 cc/day. 11/7/24 the intake for day shift was 200 cc ' s, intake for pm shift was 120 cc ' s, and intake for night shift was 120 cc ' s. The total equaled 440 cc ' s. The 24-hour total intake was documented as 700 cc ' s. Less than 1500 cc/day. 11/9/24 the intake for day shift was 200 cc ' s, intake for pm shift was 120 cc ' s, and intake for night shift was 120 cc ' s. The total equaled 440 cc ' s. The 24-hour total intake was documented	F 692	What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur: ➢ RD (Registered Dietician) will make sure that the estimated fluid needs on the resident's RD initial assessment are provided on mealtime and staff to ensure water pitcher will be available at resident's bedside as indicated. The RD will be reviewing and evaluating weekly the resident's meal intake that is 50% and below consumption and weights. If the resident's meal intake and weight is stable, then RD review will be done Quarterly. • RD will provide report of the weekly follow up review to the DON (Director Of Nursing) • RD will provide report of the ff up review on Quarterly basis. ➢ Weekly Licensed nurse will review the resident's Intake and Output for accuracy and report will be given to the DON (Director of Nursing) for review and follow up if indicated. ➢ ADON will provide lists of resident's weekly summary of Intake and Output for review and follow if indicated.	1/31/25

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F 692	Continued From page 5 as 420 cc ' s. Less than 1500 cc/day. 11/11/24 the intake for day shift was 100 cc ' s, intake for pm shift was 120 cc ' s, and intake for night shift was 120 cc ' s. The total equaled 340 cc ' s. The 24-hour total intake was documented as 600 cc ' s. Less than 1500 cc/day. 11/12/24 the intake for day shift was 100 cc ' s, intake for pm shift was 100 cc ' s, and intake for night shift was 30 cc ' s. The total equaled 230 cc ' s. The 24-hour total intake was documented as 600 cc ' s. Less than 1500 cc/day. During a concurrent interview and record review on 12/4/24 at 11:09 a.m., with the assistant director of nursing (ADON), Resident 2 ' s "Intake Record" and the "Calculated 24-hours Intake Record" dated 11/1/24-11/13/24 were reviewed. ADON acknowledged the daily intake totals did not match the 24-hour intake totals and they should. ADON verbalized Resident 2 had an IV (intravenous-in the vein) infusion on 11/3/24 and 11/11/24, the nursing staff did not include the IV fluids infusion as part of the intakes and further verbalized they should have. The ADON further acknowledged the intake totals were not accurate. When asked how you know Resident 2 was receiving adequate fluids and hydration, when the intake totals were not accurate, ADON verbalized you look at other areas as well like lab results (the blood urea nitrogen) and meal intakes. ADON verbalized Resident 2 ' s labs were all normal. When asked about the 24-hour totals not meeting the recommended number of fluids (no less than 1500 cc/day) per the "Nutrition Evaluation", ADON verbalized if had concerns that the resident was not getting in enough fluids, could call the physician to increase the IV infusion rate. Further review of Resident 2 ' s medical	F 692	Monitoring Performance to make sure that solutions are sustained: The RD (Registered Dietician) the Licensed Nurse , and the ADON (Assistant Director Of Nursing) reports with full review completed will be discuss and shared on the monthly QAA meeting for further discussion. Any recommendations will be followed accordingly.	1/31/25

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F 692	Continued From page 6 record had no other documentation that the physician was informed of Resident 2 not meeting the 1500 cc/day of recommended fluid intake. During a review of Resident 2 ' s "Lab Results" dated 11/11/24, indicated in part ...the blood urea nitrogen (BUN- a test to assess how well the kidneys are functioning, a higher-than-normal BUN level can indicate kidney problems, heart failure, dehydration) was elevated at 37 (higher-than-normal). The creatinine (a test to assess how well the kidneys are functioning, a higher-than-normal creatinine level can indicate kidney problems, heart failure, dehydration) was elevated at 1.73 (higher-than-normal). During a concurrent interview and record review on 1/10/25 at 2:00 p.m., with the director of nursing (DON), Resident 2 ' s "Intake Record" and the "Calculated 24-hours Intake Record" dated 11/1/24-11/13/24 were reviewed. When asked if the daily intake record totals should match the 24-hour intake record totals, the DON verbalized yes, the totals should match. The DON acknowledged the daily intake totals did not match the 24-hour intake totals and they should. The DON further acknowledged the intake totals were not accurate. During a review of Resident 2 ' s "ED Physician Notes" dated 11/13/24, indicated in part ... Resident 2 presents with altered mental status and failure to thrive ...Over the past week, progressive there has been a progressive decline in her condition, including decreased mental status, not eating, and not following her normal	F 692	This page is intentionally left blank	

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F 692	Continued From page 7 routine ...Resident 2 typically is able to converse and ambulate with assistance but unresponsive this morning ... Diagnosis: Pneumonia, urinary tract infection (UTI), Sepsis and chronic kidney disease. During a review of the facility ' s policy and procedure (P&P) titled, "Intake and Output" dated 6/11/24, indicated in part ... "It is the policy of this facility to maintain an intake and output record when needed to monitor residents for adequate fluid balance. Intake and output shall be recorded by each shift ...the licensed staff will monitor the intake and output daily for timely follow-up and will do weekly evaluation to update MD (physician) if there is a need for continuation ...the registered dietician will do the follow-up assessment review for recommendation if indicated ..." Based on interview and record review the facility failed to: 1. Document fluid intake accurately for 1 out of 2 sampled residents (Resident 1). 2. Document fluid intake accurately for 1 out of 2 sampled residents (Resident 2). This failure had potential to affect the hydration status of Resident 1 and may have contributed to Resident 1 being sent out to the emergency room (ER) for shortness of breath; and admitted to the hospital for sepsis and pneumonia. This failure had potential to affect the hydration status of Resident 2 and may have contributed to Resident 2 being sent out to the ER for altered mental status; and admitted to the hospital for pneumonia, urinary tract infection (UTI) and	F 692	This page is intentionally left blank	

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F 692	Continued From page 8 sepsis. Findings: 1. During a review of Resident 1's "Physician Orders " dated 11/6/24-11/16/24, the physician orders indicated to record intake each shift and record the total daily intake in ml/cc (milliliters/cubic centimeters). The physician orders indicated to calculate the 24 hours intake on the night shift. During a review of Resident 1's "Intake Record " and the "Calculated 24-hours Intake Record " dated 11/8/24-11/15/24, indicated on: 11/9/24 the intake for day shift was 450 cc's, intake for pm shift was 550 cc's, and intake for night shift was 550 cc's. The total equaled 1550 cc's. The 24-hour total intake was documented as 1010 cc's. 11/10/24 the intake for day shift was 500 cc's, intake for pm shift was 360 cc's, and intake for night shift was 120 cc's. The total equaled 980 cc's. The 24-hour total intake was documented as 1590 cc's. 11/11/24 the intake for day shift was 500 cc's, intake for pm shift was 450 cc's, and intake for night shift was 120 cc's. The total equaled 1070 cc's. The 24-hour total intake was documented as 1300 cc's. 11/12/24 the intake for day shift was 450 cc's, intake for pm shift was 450 cc's, and intake for night shift was 120 cc's. The total equaled 1020 cc's. The 24-hour total intake was documented as 1180 cc's.	F 692	This page is intentionally left blank	

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F 692	Continued From page 9 11/13/24 the intake for day shift was 500 cc's, intake for pm shift was 350 cc's, and intake for night shift was 120 cc's. The total equaled 970 cc's. The 24-hour total intake was documented as 1100 cc's. 11/14/24 the intake for day shift was 425 cc's, intake for pm shift was 300 cc's, and intake for night shift was 120 cc's. The total equaled 845 cc's. The 24-hour total intake was documented as 1400 cc's. 11/15/24 the intake for day shift was 425 cc's, intake for pm shift was 500 cc's, and intake for night shift was 30 cc's. The total equaled 955 cc's. The 24-hour total intake was documented as 1400 cc's. During a concurrent interview and record review on 1/10/25 at 2:22 p.m., with the director of nursing (DON), Resident 1's "Intake Record " and the "Calculated 24-hours Intake Record " dated 11/8/24-11/15/24 were reviewed. When asked if the daily intake record totals should match the 24-hour intake record totals, the DON verbalized yes, the totals should match. The DON acknowledged the daily intake totals did not match the 24-hour intake totals and they should. The DON further acknowledged the intake totals were not accurate. During a review of the facility's policy and procedure (P&P) titled, "Intake and Output " dated 6/11/24, indicated in part ... "It is the policy of this facility to maintain an intake and output record when needed to monitor residents for adequate fluid balance. Intake and output shall be recorded by each shift.	F 692	This page is intentionally left blank	

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F 692	Continued From page 10 During a review of Resident 1's "ED Physician Notes " dated 11/16/24, indicated in part ... Resident 1 was recently diagnosed with pneumonia, on 2 liters of oxygen via nasal cannula coming from skilled nursing facility for shortness of breath ...Diagnosis: Sepsis with acute hypoxic (not enough oxygen in the blood) respiratory failure and pneumonia. 2. During a review of Resident 2's "Physician Orders " dated 9/5/24-11/13/24, the physician orders indicated to record intake each shift and record the total daily intake in ml/cc (milliliters/cubic centimeters) every shift for monitoring due to poor appetite. The physician orders indicated to calculate the 24 hours intake on the night shift. During a review of Resident 2's "Nutrition Evaluation " dated 9/6/24, indicated in part ... meal intake assessment: 0-25%, fluid intake assessment: needs encouragement with fluid intake ...IV support: yes ...estimated fluid needs not less than 1500 cc/day. During a review of Resident 2's "Intake Record " and the "Calculated 24-hours Intake Record " dated 11/1/24-11/13/24, indicated on: 11/1/24 the intake for day shift was 250 cc's, intake for pm shift was 120 cc's, and intake for night shift was 120 cc's. The total equaled 490 cc's. The 24-hour total intake was documented as 700 cc's. Less than 1500 cc/day. 11/5/24 the intake for day shift was 200 cc's, intake for pm shift was 120 cc's, and intake for night shift was 60 cc's. The total equaled 380	F 692	This page is intentionally left blank	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555770	A. BUILDING _____ B. WING _____	C 12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 692	Continued From page 11 cc's. The 24-hour total intake was documented as 560 cc's. Less than 1500 cc/day. 11/6/24 the intake for day shift was 400 cc's, intake for pm shift was 200 cc's, and intake for night shift was 120 cc's. The total equaled 720 cc's. The 24-hour total intake was documented as 750 cc's. Less than 1500 cc/day. 11/7/24 the intake for day shift was 200 cc's, intake for pm shift was 120 cc's, and intake for night shift was 120 cc's. The total equaled 440 cc's. The 24-hour total intake was documented as 700 cc's. Less than 1500 cc/day. 11/9/24 the intake for day shift was 200 cc's, intake for pm shift was 120 cc's, and intake for night shift was 120 cc's. The total equaled 440 cc's. The 24-hour total intake was documented as 420 cc's. Less than 1500 cc/day. 11/11/24 the intake for day shift was 100 cc's, intake for pm shift was 120 cc's, and intake for night shift was 120 cc's. The total equaled 340 cc's. The 24-hour total intake was documented as 600 cc's. Less than 1500 cc/day. 11/12/24 the intake for day shift was 100 cc's, intake for pm shift was 100 cc's, and intake for night shift was 30 cc's. The total equaled 230 cc's. The 24-hour total intake was documented as 600 cc's. Less than 1500 cc/day. During a concurrent interview and record review on 12/4/24 at 11:09 a.m., with the assistant director of nursing (ADON), Resident 2's "Intake Record " and the "Calculated 24-hours Intake Record " dated 11/1/24-11/13/24 were reviewed. ADON acknowledged the daily intake totals did	F 692	This page is intentionally left blank	

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F 692	Continued From page 12 not match the 24-hour intake totals and they should. ADON verbalized Resident 2 had an IV (intravenous-in the vein) infusion on 11/3/24 and 11/11/24, the nursing staff did not include the IV fluids infusion as part of the intakes and further verbalized they should have. The ADON further acknowledged the intake totals were not accurate. When asked how you know Resident 2 was receiving adequate fluids and hydration, when the intake totals were not accurate, ADON verbalized you look at other areas as well like lab results (the blood urea nitrogen) and meal intakes. ADON verbalized Resident 2's labs were all normal. When asked about the 24-hour totals not meeting the recommended number of fluids (no less than 1500 cc/day) per the "Nutrition Evaluation " , ADON verbalized if had concerns that the resident was not getting in enough fluids, could call the physician to increase the IV infusion rate. Further review of Resident 2's medical record had no other documentation that the physician was informed of Resident 2 not meeting the 1500 cc/day of recommended fluid intake. During a review of Resident 2's "Lab Results " dated 11/11/24, indicated in part ...the blood urea nitrogen (BUN- a test to assess how well the kidneys are functioning, a higher-than-normal BUN level can indicate kidney problems, heart failure, dehydration) was elevated at 37 (higher-than-normal). The creatinine (a test to assess how well the kidneys are functioning, a higher-than-normal creatinine level can indicate kidney problems, heart failure, dehydration) was elevated at 1.73 (higher-than-normal). During a concurrent interview and record review on 1/10/25 at 2:00 p.m., with the director of nursing (DON), Resident 2's "Intake Record "	F 692	This page is intentionally left blank	

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F 692	Continued From page 13 and the "Calculated 24-hours Intake Record " dated 11/1/24-11/13/24 were reviewed. When asked if the daily intake record totals should match the 24-hour intake record totals, the DON verbalized yes, the totals should match. The DON acknowledged the daily intake totals did not match the 24-hour intake totals and they should. The DON further acknowledged the intake totals were not accurate. During a review of Resident 2's "ED Physician Notes " dated 11/13/24, indicated in part ... Resident 2 presents with altered mental status and failure to thrive ...Over the past week, progressive there has been a progressive decline in her condition, including decreased mental status, not eating, and not following her normal routine ...Resident 2 typically is able to converse and ambulate with assistance but unresponsive this morning ... Diagnosis: Pneumonia, urinary tract infection (UTI), Sepsis and chronic kidney disease. During a review of the facility's policy and procedure (P&P) titled, "Intake and Output " dated 6/11/24, indicated in part ... "It is the policy of this facility to maintain an intake and output record when needed to monitor residents for adequate fluid balance. Intake and output shall be recorded by each shift ...the licensed staff will monitor the intake and output daily for timely follow-up and will do weekly evaluation to update MD (physician) if there is a need for continuation ...the registered dietician will do the follow-up assessment review for recommendation if indicated ... "	F 692	This page is intentionally left blank	