



TOMAS J. ARAGON, M.D., Dr P.H.
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

August 9, 2023

Douglas Hawkins, Administrator
Asbury Park Nursing & Rehabilitation Center
2257 Fair Oaks Blvd.
Sacramento, CA 95825

RE: ENFORCEMENT CYCLE START August 4, 2023

Dear Administrator,

Your plan of correction from an abbreviated survey completed on 07/21/2023 for complaint #CA00845311 has been accepted and you have corrected all deficiencies noted during the survey effective 08/04/2023.

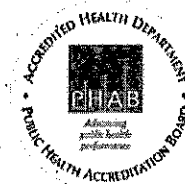
If you have any questions concerning this letter, please contact Diane Bradley, Health Facilities Evaluator Supervisor, at (916) 263-5800.

Sincerely,

Emily Lim, Program Technician II

For Daniel Schut
Acting District Manager

Licensing and Certification Program, Sacramento District Office
3901 Lennane Drive, Suite 210, Sacramento, CA 95834
PHONE (916) 263-5800 • (916) 263-5840 FAX
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/09/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555673	(X2) MULTIPLE CONSTRUCTION A* BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 08/07/2023
NAME OF PROVIDER OR SUPPLIER ASBURY PARK NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2257 FAIR OAKS BLVD. SACRAMENTO, CA 95825		
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{F 000}	INITIAL COMMENTS An off-site revisit survey was conducted on 08/07/2023 for all previous deficiencies cited on 07/21/2023. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed 08/04/2023	{F 000}			

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.

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ASBURY PARK NURSING & REHABILITATION CENTER

2257 FAIR OAKS BLVD.

SACRAMENTO, CA 95825

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F 000 INITIAL COMMENTS

F 000

The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of complaint #CA00845311.

Representing the Department of Public Health:
Health Facilities Evaluator Nurse, 43247

The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.

F 690 Bowel/Bladder Incontinence, Catheter, UTI
SS=D CFR(s): 483.25(e)(1)-(3)

F 690

§483.25(e) Incontinence.

§483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.

§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-

(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;

(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and

(iii) A resident who is incontinent of bladder

F 690 Bowel/Bladder Incontinence, Catheter, UTI

Facility appoints a unit clerk (UC) to schedule appointments outside of the facility related to indwelling catheters. Although residents have the potential to be affected by the alleged incident, No residents were harmed.

UC reviewed all residents with an indwelling catheter to ensure outside appointments are scheduled if necessary.

DON gave in-service to UC and SSD related to appointments. UC will continue to schedule outside appointments and continue to assist residents. If there is an order for an appointment, and the facility cannot arrange appointment, UC and Soc Svcs Director (SSD) will discuss alternate arrangements and appointments when able and necessary. UC and SSD will also include attending MD as needed.

8.1.23

8.4.23

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

TITLE

(X6) DATE



Administrator

8.4.23

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.

PUC Rec 8/7/23 8/4/23 BIC

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F 690	<p>Continued From page 1</p> <p>receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide appropriate urinary catheter (tube inserted into the bladder to drain urine) care for one of five sampled residents (Resident 1) when a referral to an urologist (physician who specializes in the urinary system) was not done as ordered for evaluation of neurogenic bladder (lack of bladder control due to neurological damage) and urinary catheter removal.</p> <p>This failure had the potential to result in bladder dysfunction or infection.</p> <p>Findings:</p> <p>A review of Resident 1's "Admission Record" indicated Resident 1 was admitted to the facility in May 2022 with multiple diagnoses including cerebral infarction (stroke- disrupted blood flow to the brain), aphasia (loss of ability to understand or express speech), dysphagia (difficulty swallowing foods or liquids), hemiplegia (paralysis on one side of the body), and diabetes (too much sugar in the blood).</p> <p>A review of Resident 1's Minimum Data Set</p>		F 690	<p>SSD will audit for pending referrals and arrange with Unit Clerk to ensure appointments are scheduled and documentation is entered accordingly. SSD will include outcomes during facility quarterly QA.</p> <p><i>on-going</i></p>	

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F 690	<p>Continued From page 2</p> <p>(MDS- an assessment tool), Cognitive Patterns, dated 5/20/22, indicated Resident 1 had short- and long-term memory problems and was moderately impaired to make decisions regarding tasks of daily life. A review of Resident 1's MDS, Functional Status, dated 5/20/22 indicated Resident 1 was totally dependent for toilet use. A review of Resident 1's MDS, Bladder and Bowel, dated 5/20/22, indicated Resident 1 was frequently incontinent of urine and always incontinent of bowel.</p> <p>A review of Resident 1's "Order Summary Report" indicated orders:</p> <p>"...Foley catheter [type of urinary catheter] 14 FR [French-size of catheter] with 10 mL [milliliter] balloon secondary to urinary retention [bladder does not empty all the way] r / t [related to] Neurogenic bladder. Change Foley catheter every night shift starting on the 26th and ending on the 26th every month...Order Date 05/26/2022..."</p> <p>Referral to Urology for evaluation of neurogenic bladder and foley catheter removal...Order Date 05/27/2022..."</p> <p>A review of Resident 1's "Change in Condition Evaluation," dated 6/24/22, indicated "...Signs & Symptoms...UTI [urinary tract infection] ...Recommendation of Primary Clinician(s): Levofloxacin [an antibiotic medication] 500 mg [milligrams] PO [by mouth] once daily for UTI x [times] 7 days...Describe genitourinary changes...Decreased urine output...Abnormal Results...Urinalysis [urine test] ...06/24/2022..."</p> <p>A review of Resident 1's Care Plan "The resident has a Urinary Tract Infection r/t chronic f/c [foley</p>	F 690			

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F 690	<p>Continued From page 3</p> <p>catheter]." Initiated 6/24/22, indicated "...Interventions...Obtain and monitor lab/diagnostic work as ordered. Report results to MD [medical doctor] and follow up as indicated..."</p> <p>A review of Resident 1's "Nurse Progress Note," dated 5/26/22, indicated "...Resident unable to fully produce urination during shift < [less than] 30ml witnessed. Upon bladder scanned, 517ml retention. Writer notified NP [nurse practitioner] and obtained order to start Foley Catheter tx [treatment] d/t [due to] bladder neurogenic w/ CVA [cerebrovascular accident] F/C 14Fr 10 ml successfully inserted..."</p> <p>A review of Resident 1's "Physician Visit Note," dated 5/27/22, indicated "...examined today for...review of leukocytosis [high white blood cell count] and urinary retention...asymptomatic except for urinary retention. Per facility staff, patient unable to produce any urine yesterday despite multiple attempts from patient to urinate using urinal and toilet. Per staff, patient only having small drops of urine for the past 12 hours at that time. Bladder scan was performed and patient retaining 517 ml of urine...Foley Catheter insertion, which patient immediately felt relief and > [greater than] 500 ml immediate output...Neurogenic Bladder; due to stroke causing urinary retention...Referral to Urology..."</p> <p>A review of Resident 1's "Physician Visit Note," dated 6/24/22, indicated "...Neurogenic Bladder: due to stroke causing urinary retention. Foley Catheter inserted 5/26/22 without any complications. Follow-up with Urology. Per facility staff, pending Urology appointment. Continue Catheter Care..."</p>	F 690			

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F 690

Continued From page 4

A review of Resident 1's "Physician Visit Note," dated 7/13/22, indicated "...Neurogenic Bladder: due to stroke causing urinary retention. Foley Catheter Inserted 5/26/22 without any complications. Follow-up with Urology. Per facility staff, pending Urology appointment. Continue Catheter Care..."

A review of Resident 1's "Physician Visit Note," dated 8/4/22, indicated "...Neurogenic Bladder: due to stroke causing urinary retention. Foley Catheter Inserted 5/26/22 without any complications. Follow-up with Urology. Per facility staff, pending Urology appointment. Continue Catheter Care..."

A review of Resident 1's "Social Services Note," dated 6/15/22, indicated "...Writer call [sic] and left message with [insurance medical provider physician] requesting Urology referral for evaluation of neurogenic bladder and foley catheter removal..."

A review of Resident 1's "Social Services Note," dated 7/7/22, indicated "...per clinic patient is not a [insurance medical provider] member; no full scope coverage; only Medicare A for hospital stay...dtr [daughter] notified via phone call..."

A review of Resident 1's "Social Services Note," dated 7/19/23, indicated "...Neurology referral for ischemic CVA sent to [alternate medical group] ..."

During a telephone interview on 6/20/23 at 10:37 a.m. with Resident 1's Responsible Party (RP), the RP stated that Resident 1 had urinary catheter placed, it became infected, and that led to a hospitalization. Resident 1's RP stated that

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F 690	<p>Continued From page 5</p> <p>the staff did not properly perform catheter care, did not empty the catheter drainage as frequently as it should have been, and had cloudy urine in the catheter tubing. The RP stated that Resident 1 did not need a catheter placed.</p> <p>During an interview on 6/21/23 at 10:35 a.m. with the Director of Nursing (DON), the DON stated urinary catheters are placed for urinary retention and neurogenic bladder and is the only real reason to place a catheter. Catheter drainage bags are emptied by the CNA [certified nursing assistant] or nursing every shift or as needed.</p> <p>During an interview on 6/21/23 at 1:10 p.m. and a subsequent interview at 1:29 p.m. with the DON, the DON stated if resident has an MD order for referral to urology for follow up appointment, the unit clerk sets up the appointment. Reviewed with the DON Resident 1's order dated 5/27/22 for urology evaluation. The DON acknowledged that Resident 1 did not have a urology follow up appointment scheduled. The DON stated, "The facility is to make sure it happens." Reviewed "Social Services Notes" dated 6/15/23 and 7/7/23. The DON stated that there was no further follow up to schedule a urology appointment after it was determined that Resident 1 was not going to be seen at [insurance medical provider] clinic. The DON stated, "Should have been scheduled at [alternate medical group] like he was for neurology." The DON further stated, "My expectation is that the urology appointment would have been followed up."</p> <p>During an interview on 7/17/23 at 11:59 a.m. with the NP, the NP stated Resident 1 had a urinary catheter placed due to urinary retention and neurogenic bladder caused by stroke. NP stated</p>	F 690			

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F 690	<p>Continued From page 6</p> <p>an order was placed for Resident 1 to follow up with a urologist for neurogenic bladder evaluation and urinary catheter removal. The NP stated who would follow up depended on Resident 1's insurance and NP was told the referral was pending because he did not have insurance. The NP stated the facility was not able to establish Resident 1 with a physician or medical group so follow up appointment was not scheduled. NP acknowledged Resident 1 had a urinary tract infection in June 2022 and stated, "Any patient with a catheter is at high risk for infection."</p> <p>During a concurrent telephone interview and record review on 7/20/23 at 8:55 a.m. with the DON, the DON acknowledged there was a delay between when the order was placed for urology referral for Resident 1 on 5/27/22 and the only referral attempt made on 6/15/22. The DON stated, "The expectation is find out what the barrier is to scheduling appointment. If it's insurance, then try to work out the insurance issue. The expectation is that there would have been further follow up to schedule the appointment." The DON confirmed that NP and MD continued to document that the urology consult was pending after the placement of the urinary catheter on 5/26/22. The DON stated a voiding trial (a trial of voiding to assess if the bladder can empty without the urinary catheter) should have been done. The DON stated, "Why didn't they do a voiding trial? You typically remove foley and try voiding trial, if fails can put back in." The DON stated a possible outcome of a continued urinary catheter is infection.</p> <p>During a concurrent interview on 7/20/23 at 4:30 p.m. with the Social Services Director (SSD), the SSD stated that the unit clerk handles referrals</p>	F 690			

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F 690

Continued From page 7
and transportation for residents.

During a telephone interview on 7/21/23 at 10:17 a.m. with the Business Office Assistant (BOA), the BOA stated in June 2022 she was the unit clerk and was in charge of referrals to specialties, arranging appointments, and setting up transportation services for residents. Reviewed order for referral for urology follow up for Resident 1 placed on 5/27/22 and the "Social Services Note," dated 6/15/22. The BOA stated that she does not recall why there was a delay between the order and the referral. The BOA stated, "I was sending multiple referrals and making multiple appointments at that time. I was focused on immediate needs and what needed to be done right away. If it was urgent the nurse or MD would have asked me to work on it right away." When asked why there was not any other follow up documented for Resident 1's urology referral after 6/15/22, the BOA stated, "I followed up as much as I could, but had a lot to do at that time."

A review of the facility's policy and procedure (P&P) titled "Catheter Care, Urinary," revised 8/22, the P&P indicated "The purpose of this procedure is to prevent urinary catheter-associated complications, including urinary tract infections... Review and document the clinical indications for catheter use prior to inserting... Nursing and the interdisciplinary team should assess and document the ongoing need for a catheter that is in place... Remove the catheter as soon as it is no longer needed..."

A review of the facility's P&P titled "Referrals, Social Services," revised 12/2008, indicated "...Social services personnel shall coordinate

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F 690	Continued From page 8 most resident referrals with outside agencies.... Referrals for medical services must be based on physician evaluation of resident need and a related physician order... Social services will document the referral in the resident's medical record..."	F 690			
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 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 ensure that proper nutritional status was maintained for one of five sampled residents (Resident 1) when documentation did not reflect that medical providers were notified of weight loss.	F 692	F 692 Nutrition/Hydration Status Maintenance All residents with significant weight loss were reviewed by the registered dietitian (RD). No other residents have been affected by the alleged incident. RD reviews weekly and monthly weights of each resident with significant weight changes. RD then makes recommendations to DON and MD when appropriate. RD will continue to review weekly and monthly weights of each resident with significant weight changes. DON, conducted in-service with LNs related to significant weight changes and proper documentation. During the weekly and monthly weight reviews, RD will discuss any significant weight changes and the potential root cause. RD will make recommendations to MD and DON as appropriate. Medical Records will conduct an audit to confirm recommendations and care plans are in place. RD will report findings at the facility quarterly QA meeting.	7.31.23 on-going on-going on-going	

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F 692 Continued From page 9

F 692

This failure resulted in Resident 1 experiencing significant weight loss which had the potential to cause nutritional deficiencies and impede recovery.

Findings:

A review of Resident 1's "Admission Record" indicated Resident 1 was admitted to the facility in May 2022 with multiple diagnoses including cerebral infarction (stroke- disrupted blood flow to the brain), aphasia (loss of ability to understand or express speech), dysphagia (difficulty swallowing foods or liquids), hemiplegia (paralysis on one side of the body), and diabetes (too much sugar in the blood).

A review of Resident 1's Minimum Data Set (MDS- an assessment tool), Cognitive Patterns, dated 5/20/22, indicated Resident 1 had short- and long-term memory problems and was moderately impaired to make decisions regarding tasks of daily life. A review of Resident 1's MDS, Functional Status, dated 5/20/22, indicated Resident 1 required limited assistance for eating. A review of Resident 1's MDS, Swallowing/Nutritional Status, dated 5/20/22, indicated, Resident 1's weight was 156 pounds and was on a mechanically altered diet (change in texture of food or liquids).

A review of Resident 1's "Order Summary Report" indicated orders:

"CCHO [carbohydrate controlled]-NAS [no added salt] Controlled Carb. No Added Salt diet Puree texture, REGULAR (THIN LIQUIDS) consistency...Order Date...5/13/22...

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

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NAME OF PROVIDER OR SUPPLIER ASBURY PARK NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2257 FAIR OAKS BLVD. SACRAMENTO, CA 95825		
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F 692	<p>Continued From page 10</p> <p>NAS (No Added Salt) diet Puree texture, REGULAR (THIN LIQUIDS) consistency...Order Date...06/01/2022...</p> <p>NAS (No Added Salt) diet Mechanical Soft texture, thin liquids consistency, pureed veggies, and bread...Order Date...07/22/2022...</p> <p>Med Pass (No Sugar Added) [supplement to add protein and calories] 1.7, 120 ml [milliliters] po [by mouth] four times a day for Supplement...Order Date...05/18/2022...</p> <p>Magic Cup [supplement to add protein and calories] two times a day...Order Date...07/05/2022...</p> <p>No Sugar Added Active Liquid protein 30 ml [milliliters] one time a day may mix with Med Pass 1.7...Order Date...07/15/2022...</p> <p>Glucerna [nutritional health shake] 1 can po four times a day for Supplement...Order Date...07/29/2022...</p> <p>Mirtazapine Tablet [antidepressant medication- appetite stimulant] 15MG [milligrams] Give 1 tablet by mouth at bedtime for depression M/B [manifested by] poor appetite...Order Date...08/02/2022..."</p> <p>A review of Resident 1's "Weights and Vitals Summary," indicated Resident 1 weighed: 155.8 pounds on 5/16/22 148.6 pounds on 6/14/22 129.2 pounds on 7/11/22 126 pounds on 8/1/22</p> <p>A review of Resident 1's "Registered Dietitian (RD) Evaluation," dated 5/18/22, indicated "...Resident is at nutritional and/or hydration risk...Resident requires therapeutic diet, CCHO [carbohydrate controlled], NAS, regular/thins texture with fair/good PO intake... Spoke with</p>		F 692		

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F 692	<p>Continued From page 11</p> <p>nurse who states resident sleeps "a lot" and likely requires tray set up and cuing assistance at meals...current intakes averaging < [less than] 70% of meals...RD will monitor weights...PO intake, labs and f/u [follow up] PRN [as needed]..."</p> <p>A review of Resident 1's "Dietary Nutrition Note," dated 6/24/22, indicated "RD Note/IDT Weekly Weight Review Resident has significant weight loss -5.8# (-3.9%) x 1 week. Current wt. [weight] 142.8# [pounds]...Resident continues with diet order NAS, pureed/thins texture with good PO intake: 65-70% x previous 7 days...RD recommendations: staff to continue to encourage and cue resident at all meals..."</p> <p>A review of Resident 1's "Dietary Nutrition Note," dated 7/15/22, indicated "...RD Note/IDT Monthly Weight Review Resident has significant weight loss -16.8# (-11.1%) x 1 month. Current weight 134.4 #...Resident continues with diet order NAS, pureed/thins texture with fair PO intake: 40-45% x previous 7 days...RD recommendations: draw labs for Vit B12/folate and replace as needed, add Prosource [liquid protein] 30 ml daily..."</p> <p>A review of Resident 1's "Dietary Nutrition Note," dated 8/4/22, indicated "...Resident has significant weight loss -10.2.# (-7.6%) x [times] 1 month. Current wt. 124.2# ...Resident continues with diet order NAS, pureed/thins texture with good/excellent PO intake: 70-75% x previous 7 days...Appetite stimulant on board, PO intakes improving..."</p> <p>A review of Resident 1's "IDT [Interdisciplinary Team] Review-Weight Variance," dated 6/30/22, indicated "...Weight Loss: -8.6 lbs."</p>		F 692		

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F 692	<p>Continued From page 12</p> <p>[pounds]...Feeling not hungry...Meal Intake this week...Fair (50-75%) ...Rp [Responsible Party] aware and will encourage the resident..."</p> <p>A review of Resident 1's "Physician Visit Note," dated 8/3/22, indicated "...Patient was seen by Psych [psychiatry] MD... today and ordered to start Mirtazapine due to poor PO intake and weight loss. However, per staff nurse, patient's RP/daughter did not want medication started until she further discusses medication with other family members...did not start patient on Mirtazapine..."</p> <p>A review of Resident 1's Care Plan "Resident has weight loss r/t [related to] decreased intakes," date initiated 8/8/22, indicated "...Interventions...Notify MD [medical doctor] and RP of any significant weight changes..."</p> <p>A review of Resident 1's Care Plan "The resident is at nutritional risk...Resident at risk for weight loss..." date revised 5/24/22, indicated "...Interventions...RD to evaluate intake and make diet change recommendations PRN..."</p> <p>During a telephone interview on 6/20/23 at 10:37 a.m. with Resident 1's RP, the RP stated Resident 1 lost 35 pounds during his stay at the facility. The RP stated that Resident 1 needed assistance to eat and no one assisted him if family was not there.</p> <p>During an interview on 6/21/23 at 1:40 p.m. with the RD, reviewed Resident 1's weight loss from 155.8 pounds on 5/16/22 to 126 pounds on 8/1/22. The RD acknowledged that Resident 1 had significant weight loss. The RD stated that Resident 1's PO intake was below the</p>	F 692			

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F 692	<p>Continued From page 13</p> <p>recommendation and supplements were added including Med Pass, ProSource [liquid protein], Magic Cup, and health shakes. The RD stated Resident 1 was losing weight due to poor intake. The RD stated that residents were weighed by the RNA (Restorative Nursing Assistant) who notified the nurse who then notified the MD. The RD acknowledged that there was not documentation that the MD was notified of weight loss by the RD or by nursing. The RD stated she would have recommended snacks between meals and labs including albumin (a protein in the blood) and prealbumin (a protein used to make other proteins, prealbumin screening is a blood test to see if adequate nutrition in the diet). The RD confirmed these had not been ordered. Reviewed with the RD Resident 1's "Dietary Nutrition Note," dated 8/4/22, that indicated Resident 1 was on a pureed diet and that Resident 1 had started an appetite stimulant medication. Reviewed with the RD order dated 7/22/22 that indicated Resident 1 was on a mechanical soft diet and the "Physician Visit Note," dated 8/3/23, that indicated Resident 1's RP had declined the appetite stimulant medication. The RD acknowledged that the RD note was incorrect regarding Resident 1's diet and the use of appetite stimulant medication.</p> <p>During a concurrent interview and record review on 6/21/23 at 2:51 p.m. with the Director of Nursing (DON), the DON acknowledged that Resident 1's MD (medical doctor) and NP (nurse practitioner) notes prior to 8/3/22 did not address Resident 1's weight loss.</p> <p>During an interview on 6/21/23 at 4:23 p.m. with Licensed Nurse (LN) 1, LN 1 stated that RNAs weigh residents and report the weight to the</p>	F 692			

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F 692	<p>Continued From page 14</p> <p>charge nurse. The charge nurse reports the weight to the physician and the RD.</p> <p>During an interview on 6/21/23 at 4:34 p.m. with LN 2, LN 2 stated if a resident had weight loss it was reported to the MD and the MD would evaluate. The MD may order supplements including Med Pass and health shakes.</p> <p>During a telephone interview on 7/17/23 at 11:59 a.m. with Nurse Practitioner (NP), the NP stated that she was aware that Resident 1 had weight loss and the RD followed for diet changes and supplements. The NP stated she was likely notified of weight loss by the dietitian. The NP stated Resident 1 had weight loss due to medical reasons. Reviewed lack of documentation by the NP and MD of Resident 1's weight loss in "Physician Visit Notes" prior to note on 8/3/23. The NP stated the weight loss should have been documented in the diagnoses or review of systems.</p> <p>During a concurrent telephone interview and record review on 7/20/23 at 8:55 a.m. with the DON, the DON acknowledged that the only documentation of Resident 1's weight loss by the NP or MD was in the "Physician Visit Note," dated 8/3/22. The DON stated that Resident 1's weight loss had not been documented prior to 8/3/22 by the MD or NP. The DON confirmed that the "Dietary Nutrition Notes" completed by the RD did not indicate the MD or NP had been notified of Resident 1's weight loss during his stay. A review of the "Dietary Nutrition Note," dated 8/4/23, with the DON, indicated Resident 1 was on a pureed diet and had started appetite stimulant medication. The DON confirmed that Resident 1's diet was mechanical soft, had not been started on</p>	F 692			

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ASBURY PARK NURSING & REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

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SACRAMENTO, CA 95825

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(EACH DEFICIENCY MUST BE PRECEDED BY FULL
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PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
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DEFICIENCY)

(X5)
COMPLETION
DATE

F 692

Continued From page 15

appetite stimulant medication, and that the RD's note was inaccurate. The DON acknowledged that a possible outcome of incomplete documentation or inaccurate documentation was continued weight loss. The DON stated: "More should have been done to determine why weight loss continued. Maybe could have tried snacks or offered appetite stimulant sooner."

A review of the facility's policy and procedure (P&P) titled "Nutrition (Impaired)/ Unplanned Weight Loss-Clinical Protocol," revised 9/17, indicated "...The staff will monitor and document the weight and dietary intake of residents in a format which permits comparisons over time...The staff will report to the physician significant weight gains or losses or any abrupt or persistent change from baseline appetite or food intake...The physician will review for medical causes of weight gain, anorexia and weight loss before ordering interventions...The physician and staff will monitor nutritional status, an individual's response to interventions, and possible complications..."

F 692