

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation #6767		Date: February 26, 2018		
Touchstone Health Care Community		Survey Dates: February 12-15, 2018		
1800 Indian Hills Drive Sioux City, Iowa 51104		DS		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

<p>58.24(3)h + 58.24(4)d</p>	<p>481-58.24(135C) Dietary. 58.24(3) Nutrition and Menu Planning <i>h.</i> Alternate foods shall be offered to residents who refuse the food served (II,III).</p> <p>58.24(4) Therapeutic diets and nutritional status. <i>d.</i> The facility shall ensure that each resident maintains acceptable parameters of nutritional status, such as body weight, unless the resident's clinical condition demonstrates that this is not possible. (I, II, III).</p> <p>DESCRIPTION:</p> <p>Based on observation, record review and interview, the facility failed to monitor, plan for and/or modify interventions in order to meet a resident's needs with a significant weight loss for 1 of 2 residents reviewed (Resident # 65). The facility reported a census of 70 residents.</p> <p>Findings included:</p> <p>According to a Minimum Data Set (MDS) with an assessment reference date of 1/25/18, Resident #65's diagnoses included: anemia, Non-Alzheimer's Dementia, psychotic disorder, underweight and abnormal glucose (blood sugar). The same MDS identified the resident had difficulty with short and long term memory and</p>	<p>I</p>	<p>\$3,750 (Held in suspension)</p>	<p>Upon Receipt</p>
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	<p>severely impaired decision making skills. The MDS revealed the resident required supervision with eating, had no difficulty with swallowing and had a significant weight loss of 5% or more in the last month or 10% or more in the last 6 months.</p> <p>A Medication Review Report dated 1/4/18 included an order for a regular diet.</p> <p>Review of the facility Dietitian Progress Notes revealed the following:</p> <p>7/27/17 at 10:01 A.M. - The Dietitian documented the resident's weight at 107.8 pounds (lbs.) and identified a slow trending Wight loss. Intakes varied at 25 -100% of meals on a general diet and noted the family brought in food often that the resident ate well. The note revealed a plan to start Carnation Instant Breakfast (CB) 240 cc's every day at breakfast in order to increase calories and protein and prevent further slow trending weight loss.</p> <p>11/2/17 at 12:13 P.M. - The Dietitian documented the resident's weight at 109.3 lbs., identified the resident's weight as up since the CIB had been started on 7/25/17 and reported the resident received 240 cc of CIB every day at breakfast.</p> <p>1/21/18 at 8:02 A.M. - The Dietitian documented</p>			
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	<p>the resident's weight at 101.6 lbs. and identified a significant weight loss of 5.8% in the previous 30 days. No further weight loss had been desired and intakes varied between 25- 100% at meals when the resident ate meals served. His family brings in food at night that the resident ate well and received 240 CC CIB every day at breakfast. Intake is not currently meeting nutritional needs as evidenced by weight loss.</p> <p>A care plan, with an initiated date of 1/12/2015, included a Focus for a history of poor meal intakes due to not liking American food and documented the resident's family frequently brought food in for him. The care plan revealed a goal for the resident to not have any significant weight loss and documented the following interventions: Ensure blood sugar is checked one time a day (date initiated 9/3/17 and date revised 11/9/17) I have had esophageal dilatation in the past due to dysphagia (date initiated 1/8/16) I like to eat in my room or in the South Side TV common area (date initiated 1/8/16, date revised 9/8/17). I like watermelon. If that is served, please bring me extra (date initiated 1/8/16) I receive a general diet and I can feed myself (date initiated 1/7/16, date revised 9/12/17). Monitor and evaluate any weight loss (date</p>			
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	<p>initiated 1/12/15, date revised 11/9/17). I do not speak English but communicate by gestures and head nods. I have a history of anorexia (date initiated 11/11/2011).</p> <p>Even though the Dietitian identified a weight loss trend beginning 7/27/17 and a significant weight loss as documented on 1/21/18, nursing staff failed to update the resident's care plan to accommodate the resident's needs in regards to his weight loss. The care plan lacked an entry for the Dietitians recommendation for CIB.</p> <p>Review of dietary records and nursing records revealed no documentation or entries in regards to staff offering CIB to the resident and/or the resident's consumption or declination of the CIB since the Dietitian recommendation 7/27/17.</p> <p>Review of Resident #65's menu choices for 2/13/18, revealed a notation at the top of the menu in regards to the resident's family providing the resident with food per his culture and to provide RT (room tray). The facility menu choices for the resident included all American food such as scrambled eggs, oatmeal, Swiss steak, steamed rice, parsley carrots. pineapple tidbits, chicken breast, oven roasted potatoes, zucchini etc. Even though the resident's care plan revealed the resident disliked American food, the</p>			
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	<p>facility continued to offer him choices from an American food menu.</p> <p>Review of Multidisciplinary Care Conference Summary forms revealed the following:</p> <p>8/10/17 - The form lacked documentation that the resident and/or his family attended the meeting. The Nursing section had been left blank and addressed no concerns for the resident in that area. Dietary staff documented the resident did not eat in- house foods at the time. Staff documented the resident had a language barrier and a translator would be contacted as needed.</p> <p>11/9/18 - The form lacked documentation the resident and/or his family attended the meeting. The Dietary and Nursing summary section had been left blank and addressed no concerns for the resident in those areas.</p> <p>2/1/18- Staff documented the resident's family had been invited, but did not attend the meeting. The Dietary and Nursing summary section had been left blank and addressed no concerns for the resident in those areas.</p> <p>During interview on 2/14/18 at 2:35 P.M., Staff A, Registered Nurse Manager, named herself and/or the MDS Coordinator as responsible to attend the</p>			
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	<p>Multidisciplinary Care Conference meetings. Staff A stated she had no explanation why neither she nor the MDS Coordinator had not been in attendance at the above 3 meetings.</p> <p>A Dietary Profile form with an effective date of 7/25/17, revealed staff documented the resident as on a regular diet. The profile revealed the resident and/or the family had no concerns about the diet order, but documented the resident mostly disliked American foods and preferred food his family brought into the facility.</p> <p>Review of Resident #65's food intake records revealed staff documented the resident ate on an average between 76 - 100% at every meal during the month of December 2017, January 2018 and February 1- 13, 2018.</p> <p>During interview on 02/13/18 01:53 P.M., the facility Dietitian stated she worked at the facility for 1 1/2 years and hadn't known if anyone had been in charge of keeping track of what food the resident's family brought in for him to eat. The Dietitian stated dietary had not kept track and Dietary staff had not documented anything in regards to the resident CIB. The dietitian stated the past 30 days his intakes had been nearly 75-100% and could not explain why the resident would still have weight loss if he had been eating</p>			
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	<p>75- 100%, other than if there had been a medical condition.</p> <p>During interview on 2/13/18 at 1:30 P.M., the facility Social Worked confirmed one of Resident #65's daughters spoke English and she had no problem communicating with her.</p> <p>During interview on 02/13/18 at 02:03 P.M., Staff B, Certified Nurse Aid (CNA) state she worked Resident #65's hall on 2/13/18 and had not known what the resident ate for breakfast.</p> <p>During interview on 02/13/18 at 02:15 P.M., Staff C, CNA confirmed she had been employed at the facility for approximately 3 years. Staff C stated she usually worked resident #65's hall and had not been sure what the resident had ate for breakfast on 2/13/18, but stated she had been sure he had some food around 12:00 P.M. She stated the resident's daughter had brought the resident soup for lunch, but she had not seen how much the resident ate of the soup. Staff C reported dietary staff usually picks up room trays after residents finished eating and Dietary staff documented in the electronic record how much a resident consumed. (Note- observation of the resident eating his soup on 2/13/18 at 12:10 PM revealed the resident ate soup his daughter brought to the facility in Tupperware type bowl)</p>			
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	<p>Staff C stated most of the time the resident ate approximately 20 % of his breakfast meal and then may go and find some fruit to eat. (Note even though Staff C stated the resident ate approximately 20% of his breakfast meal, staff documented the resident ate, on average 76-100% of breakfast in December, January and through February 12, 2018). Staff C stated the resident's daughter usually brought the resident's food at lunch time. Staff C stated she had not been aware the resident was to receive CIB.</p> <p>During interview on 02/13/18 at 2:30 P.M., Staff D, Dietary Aide stated she worked at the facility for approximately 2 1/2 years. She stated the resident's family brought his breakfast to the facility about 50% of the time each week and they usually bring in his lunch and supper. Staff D stated dietary staff pass food out and nursing staff are responsible to document the intakes for residents. She stated Dietary staff had not kept track of what the family brings into the facility for his meals.</p> <p>During interview on 2/13/18 at 3:20 P.M., the Dietary Manager stated the resident had not liked American food and only ate sandwiches or pizza, only if he requested it. The Dietary Manager confirmed Resident #65 could not communicate with staff due to a language barrier and stated the</p>			
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	<p>resident had not cared for the CIB. The Dietary Manager stated he had not been aware there was a translator available and stated he had never spoken with the resident's daughter (who speaks English), in regards to the resident's food preferences. The Dietary Manager stated the facility staff had discussed a possibility of preparing Asian food for the resident, but his family brings in food in the morning for the day. He stated he had not seen the family bring in the resident's food, but he received that information from the Nurse Manager. He stated the dietary staff are not responsible to document a resident's acceptance or refusals of CIB and identified nursing staff as responsible.</p> <p>During interview on 2/14/18 at 8:30 A.M., Staff F, Licensed Practical Nurse (LPN) stated family brings food in for the resident at various times throughout the day at no certain time.</p> <p>During interview on 2/14/18 at 09:53 A.M., the Dietary Manager stated he is not aware of any documentation or anyone speaking to the family about what the family brings in for food for the resident's consumption.</p> <p>During interview on 2/14/18 at 10:01 A.M., Staff A, identified herself as responsible for the resident's care. She stated she had never seen</p>			
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	<p>the food the resident's family brought into the facility or spoke to the resident's family in regards to food brought into the facility. She stated the resident had been at the facility for a very long time and she had never addressed the resident's food issues as she felt it was already covered on the care plan.</p> <p>Review of a Dietitian progress note dated 2/13/18 at 1:39 P.M. - The Dietitian documented the resident's weight at 99.8 lbs.(further weight loss), received 240 cc's of CIB every day at breakfast and intake of the CIB varied at 0 -100%. She documented she would not increase the CIB as the resident had not routinely drank the CIB well. The Physician had been notified of the resident's weight loss on 1/21/18 with recommendations for a supplement and the Physician declined. Dietary Staff will provide meals per the resident's request.</p> <p>Review of the resident's record revealed the facility failed to monitor how much or what food the resident's family brought into the facility for nutrition purposes, had no system in place to monitor how much the resident consumed of the food brought into the facility by the family, had not documented the resident's CIB consumption, had not spoken to the resident's daughter in regards to the resident's food preferences and failed to</p>			
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	adjust the facility menu to the resident's preferred ethnic taste. FACILITY RESPONSE:			
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