Citation Number: 6758		Amended Citation – Fine amount reduced by 35% to \$325.00 on March 01, 2018. Pursuant to Iowa Code Section 135C.43A Date: Februa 2018			February 21,		
Union Park H	lealth Services		Survey Dates: December 4-5, January 29, 2018				
2401 E. 8 th St Des Moines,							
		DS					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
58.19(1)n(5)	residents. The reside facility shall provide, a required nursing serv direction of qualified a coverage as set forth 58.19(1) Activities of n. Nutrition and meal (5) Assistance with form	in these rules: daily living	II	\$500		Upon Receipt	
58.24(1)n(5)	d. The facility shall er maintains acceptable status, such as body clinical condition dem possible (I, II, III). DESCRIPTION: Based on observatior interviews, the facility	nsure that each resident parameters of nutritional weight, unless the resident's nonstrates that this is not on, record review, and staff a failed to ensure Resident					
	resident in order to proceed to p					Page 1	
Facil	ity Administrator		ate				

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Union Park Health Services 2401 E. 8 th Street Des Moines, Iowa 50316			Survey Dates: December 4-5, January 29, 2018			oer 4-5,
		DS				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	Code Nature of Violation					Page 2 C
Faci	lity Administrator	Da	ate			

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2401 E. 8 th S Des Moines,						
		DS				
Rule or Code Section	Natur	re of Violation	Class	Fine A	Amount	Correction date
	9/14/17, identified the weight loss of 5.4% in days. The note indicathe accuracy of the adietician recommend weekly for monitoring 9/15/17 failed to contour The documentation of dietician dated 10/12 refused breakfast and dietician recommend milliliters (ml) of 2 Ca (TID) due to meal refused trend. Documentation compadietician on 11/9/17 of a significant weight lost 12.2% in 90 days and note further documentation to the time. The dietician of the time. The dietician of the time aday (QID) and when meals are refused.	completed by the consulting /17, indicated the resident d lunch on this day. The ed the resident receive 60 all supplement 3 times daily usal and overall downward bleted by the consulting documented the resident had bas of 5.8% in 30 days and d 18.8% in 180 days. The nated the resident currently eech therapist and the ect feeding assistance most cian recommended supplement to 60 ml four d Ensure supplement offered				Page 3 (
	tita. A description to the		-1-			g. • .
Fac	ility Administrator	D	ate			

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		DS					
Rule or Code Section	Natur	e of Violation	Class	Fine /	Amount	Correction date	
	not attempt to assist	her.				Page 4	
	ility Administrator		ate			i age 1	

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Faci	lity Administrator		ate			J

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		DS				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount		Correction date
	Resident #5 dated 11 12/5/17, identified the meals served. Review Administration Record December, 2017 reversion of Ensure supplement times on 12/1/17 sincular 11/16/17. On 1/29/18 at 2:27 P was interviewed and resident's significant unavoidable due to the bipolar and schizoaffe physician stated being refused meals and/or expect staff to attempeating and would also	d (MAR) for November and called staff only offered a can at 1 time on 11/16/17 and 2 are order received on M the resident's physician stated she was aware of the weight loss and felt it is ne resident's diagnoses of ective disorders. The g aware the resident often reating assistance but would be to assist the resident with a expect staff provide the with drinking a can of Ensure redered.				Page 6
						Page 6
Fa	cility Administrator	D	ate			

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2401 E. 8 th Street Des Moines, Iowa 50316						
		DS				
Rule or Code Natur Section		e of Violation	Class	Fine Amour	t Correction date	

		Page 7 of
Facility Administrator	Date	_