Morningside Care Center De	ecember 10 to	Docomb	er 13, 2018
Facility Address/City/State/Zip: 600 Morningside Avenue Ida Grove, IA 51445		Decemb	GI 13, 2010
Rule or Code Nature of Violation Section	Class Fine A	mount	Correction date
58.19(1)n(1)&(5) 481—58.19(135C) Required nursing services for residents. The resident shall receive and the facility shall provide, as appropriate, the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules: 58.19(1) Activities of daily living. n. Nutrition and meal service. (1) Regular, therapeutic, modified diets, and snacks; (I, II, III) and (5) Assistance with food preparation and meal assistance including total assistance if needed; (II,III) DESCRIPTION: Based on clinical record review, observation, staff interview and facility policy review, the facility failed to implement nutritional recommendations for two of two residents reviewed with weight loss (Residents #6 and #13). The facility reported a census of 28 residents. Findings include: 1. According to the Minimum Data Set (MDS) assessment dated 9/29/18, Resident #6 scored 7 on the Brief Interview for Mental Status (BIMS) test indicating severe cognitive and memory impairment. The resident required limited assistance with eating.	I \$2750 Held ii Suspe	n	Upon Receipt

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If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five

Date

Facility Administrator

percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: 6878 Facility Name:			Survey		Date: Decemb	per 27, 2018
Morningside Ca	are Center				Decemb	er 13, 2018
Facility Address/City/State/Zip: 600 Morningside Avenue Ida Grove, IA 51445		MW/SS				
Rule or Code Section	Nature	e of Violation	Class	Fine Ar	mount	Correction date
	disease. The MDS in 113 pounds and had month or past 6 monto The Care Plan revise would consume her for interventions included a. Resident #6 would room where staff sup a room tray as needed b. Staff to weigh her significant changes to and her physician, c. Staff would provide the foods and foods of daily, and monitor for A Nutrition Assessmed dated 10/4/18 docum 113 pounds which sh from 1, 3 and 6 monto regular diet with 163 cc fluid intake. Her weigsince mid-July with the September of 119#. Boost Breeze back in history and her weight	d 4/15/18 identified Resident #6 bods in the dining room. The disconsume foods in the dining ervised her and she could have d with staff supervision. per facility policy and report o dietary staff, family, nursing the her diet as ordered and record				

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Facility Administrator

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12

Facility Administrator

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Rule or Code Section	Natur	e of Violation	Class	Fine Amour	t Correction date
	able. Facility staff documer supplement with mean 12/11/18. The clinical record larthe resident since 11. During an observation Resident #6 sat at the Nursing Assistant (Clinical received breather from the table ice cream or magic compared to drink the pacon, and ice cream resident fed herself is the bacon then picke attempted to drink the not intervene. While assisting another resident, then asked and washcloth. The residence of the state	n on 12/11/18 at 8:31 a.m. e dining room table A Certified NA) asked the resident if she said yes, and removed the le. The resident did not receive up. n on 12/12/18 at 8:10 a.m. the akfast which included a waffle, n. Staff cut up the waffle. The everal bites of the waffle and d up the ice cream cup and en sat it back down. Staff did not eating, staff at the table ident asked if Resident #6 was other staff member to get her a lent then took another bite of nedication for the resident and she felt full. The staff member			
	attempted to drink the not intervene. While assisting another res done, then asked and washcloth. The resic food. Staff brought n after that, she stated	en sat it back down. Staff did not eating, staff at the table ident asked if Resident #6 was other staff member to get her a lent then took another bite of nedication for the resident and she felt full. The staff member dication told her she had ice			

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Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	on 12/12/18 at 7:16 a.m. the DON) checked and stated the ed to have a weight taken ruld weigh her today. Als summary showed the pounds on 12/12/8 at 10:04 pound weight loss or a 14.5% In 12/12/18 at 11:05 a.m. Staff B anted ice cream as a liquid. She no way to know if the resident heir documentation. She said the ice cream a supplement and at any today. In 12/12/18 at 11:10 a.m. the not know why they had not resince 11/21/18. She said staff ducation on providing a resident with her meals. In 12/12/18 at 11:15 a.m. the ated they should be cream as a supplement to the ocumenting how much she they had weekly meetings with urse. She did not know why the e-weighed as the Dietician					
						Page 5 of

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	During an interview of Dietician stated she the resident and thought two weeks. She said documented the ice of she relied on the staff or not. She thought it document it. She said the ice cream or mag. The facility Weight Podocumented the mult to prevent, monitor, a weight loss for our resincluded the nursing stresident's weights on dietician recommendamonthly. Any weight by the nurse/nurse monitory weight was needed. Unit weight record and time. Negative trendstreatment team wheth weight change had be significant unplanned would be based on the loss significant; great 7.5% significant; great 7.5% significant; great 10% weight loss significant untrition would be a neighbor of the loss significant undividual care plans.					
Facili	ity Administrator				_	Page 6 of '

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	and benchmarks for it and parameters for model and parameters are considered as a session of the MDS assessment score of 0, indicative The MDS revealed the order to eat. According to a Progres revealed the resident 2/23/18 due to late standing and been disservices. According to a Physic Care dated 11/28/18, admission to Hospice (difficulty swallowing) leukomalacia (brain compatter of the brain).	d cause of weight loss, goals improvement, and time frames nonitoring and reassessment. Inder Summary Report form 2018, Resident #13's diagnoses elusional disorder and abnormal of the foliation of the resident depended on staff on the ses Note dated 2/23/18, admitted to Hospice Services age dementia and a post polio form dated 7/13/18 recorded the scharged from Hospice cian's Orders Initial Plan Of the resident required reservices due to dysphasia and end stage periventricular damage that involves white The same order sheet included diffood with pudding thickened				
						Page 7 of

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	dated 12/12/18, staff weights for Resident 8/28/18 - 91 pounds 9/13/18- 90 lbs 9/25/18 - 90 lbs 10/9/18 - 94.2 lbs 10/23/18- 92 lbs 11/6/18 - 90 lbs 11/20/18- 85 lbs 11/28/18- 91 lbs 12/4/18 - 88 lbs Review of RD (Regis Assessment Updated a. Effective date 10/3 Assessment- Resided diet. Her meal intaked accepting 76- 100 % Resident #13 is offerweight maintenance. b. Effective date 12/6 returned from the hos (high blood sodium lekidney disease. The cares. During hospital difficulty with swallow well with intakes aver current weight of 88 per section of the section of t					

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	declines. A Care Plan with a procus area (with a data)	for continued nutritional rint date of 12/11/18 included a te initiated date of 4/3/17 and				
	revision date of 12/10/18) that Resident #13 had a terminal diagnosis of dysphasia and significant weight changes would not be unexplained or unexpected due to the need for Hospice care. The care plan lacked any direction for the provision of magic cup supplement. Observation on 12/10/18 at 12:30 P.M. revealed Resident #13 sat at a dining room table in a wheelchair (w/c) being fed by staff. The resident took bites when offered. According to an amount eaten form, the resident ate 50-75 % at the noon meal. The observation revealed no magic cup offered at the same noon meal.					
	Resident #13 in a din Certified Nurse Aid (C supplement. Accordi	I/18 at 8:38 A.M., revealed ing room, being fed by Staff A, CNA) no offer of a magic cup ng to an amount eaten form, the % at the breakfast meal.				
	confirmed Resident #	2/11/18 at 8:39 A.M., Staff B, t13 did not receive magic cup beived magic cup when ice the menu.				
	During a phone interv	view on 12/11/18 at 9:36 A.M.,				
						Page 9 of '

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Rule or Code Section The facility Dietitian confirmed she expected staff to offer magic cups to residents per her recommendations. She stated she communicates her recommendations. She stated she communicates her recommendations. She stated she communicates her recommendations to the facility by giving the facility Dietary Supervisor a copy of her notes and/or assessments. She stated, more than likely, Resident #13 would consume the magic cups if offered. Observation on 12/11/18 at 12:30 P.M., revealed the resident being fed by staff in a dining room and received no Magic Cup with her meal. Observation on 12/11/18 at 12:45 P.M. revealed the resident remained at the same dining room table and no Magic Cup offered. According to an amount eaten form, the resident ate 50 -75% of the noon meal. During interview on 12/12/18 7:12 A.M., the Director of Nursing (DON) stated there had been no recommendation from the Dietitian for Resident #13 to have a Magic Cup with meals. The DON confirmed not being aware of the Dietitians note 10/2018 in regards to a Magic Cup with meals. During interview on 12/12/18 at 7:15 A.M., the DON identified Dietary staff as being responsible for the administration of and to monitor those residents who are to receive a Magic Cup. During interview on 12/12/18 at 8:07 A.M., the Dietary Supervisor stated the facility had regular weight meetings with herself, the DON, Dietitian and						Decemb	per 13, 2018
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