

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

PRINTED: 01/08/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/28/2023
NAME OF PROVIDER OR SUPPLIER  PALISADE HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 920 4TH ST GARRETSON, SD 57030	
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F 000	INITIAL COMMENTS  A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted on 12/28/23. The area surveyed was resident abuse/neglect. Palisade Healthcare Center was found not in compliance with the following requirement: F658.  F 658 Services Provided Meet Professional Standards SS=D CFR(s): 483.21(b)(3)(i)  §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview, closed record review, and policy review the provider failed to ensure one of one sampled resident (1) had the following: *A re-weigh of the resident was completed upon discovery of a weight variance. *Documentation to support the actions that were taken after the identification of the resident's weight loss. *Notification to the resident's representative and the physician with the a variance in his weight. Findings include:  1. Interview on 12/28/23 at 8:50 a.m. with certified nursing assistant (CNA) D regarding resident weights revealed he: *Would weigh residents when it had been required and then document their weight in their electronic medical record (EMR). *Would have notified the change if he had noticed a significant change.	F 000	
		F 658	1. Resident #1 has discharged from the center. All residents reviewed for weight variances and weight loss by 1/17/2024. All residents have the potential to be affected.  2. The RD and interdisciplinary team reviewed the weight policy prior to 1/17/2024. All staff educated on the weight policy by 1/17/2024. All staff not in attendance will be educated prior to their next working shift.  3. The ED or designee will audit the weight variance report weekly times four weeks and monthly times two months to ensure no potential weight loss was unaddressed. This report will continue to be reviewed monthly by the Registered Dietician moving forward. The ED or designee will bring the results of these audits to the monthly QAPI committee for further review and recommendation to continue or discontinue the audits.  4. All nurses have been educated on the importance of the weight policy at the All Staff meeting and nurses not in attendance will be educated prior to their next shift.
			2/1/2024

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

*Loudes M. Parker*

TITLE

*Executive Director*

(X6) DATE

*1/15/2024*

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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2. Interview on 12/28/23 at 9:35 a.m. with CNA H regarding resident weights revealed:  
\*If a resident's weight had changed by five pounds from the previous weight that had been recorded, she would report that to the charge nurse.  
\*The the resident would have been re-weighed within 24 hours of the identified weight variance.

3. Interview on 12/28/23 at 11:00 a.m. with CNA G regarding resident weights revealed:  
\*She would have re-weighed the resident if there was a significant change in the weight.  
\*She would have reported to the charge nurse after she had re-weighed the resident and confirmed the weight variance.

4. Closed record review of resident 1's EMR revealed:  
\*He was admitted on 9/8/23 and then d scharged on 12/12/23.  
\*He had the following diagnosis:  
-Cerebral infarction (stroke) with right-sided hemiplegia (right-sided paralysis)  
-Depression  
-Hypertension (high blood pressure)  
\*Upon admission his weight was recorded as 256.4 pounds (lbs).  
\*He had been weighed on the following days and documented:  
-On 9/9/23 he weighed 255.8 lbs.  
-On 9/10/23 he weighed 253.8 lbs.  
-On 9/15/23 he weighed 252.0 lbs.  
-On 9/29/23 he weighed 250.4 lbs.  
-On 10/20/23 he weighed 244.8 lbs.  
-On 11/2/23 he weighed 233.2 lbs.  
--A variance of 11.6 lbs.  
-On 11/22/23 he weighed 219.2 lbs.  
--A variance of 14 lbs.

F 658 5. ED or designee will audit the weights entered by the nurses weekly x 4 weeks then monthly x 2 months to ensure the discrepancies in weights are addressed in a timely manner. The ED or designee will be bring the results of these audits to the monthly QAPI for further review and recommendations to continue or discontinue the audits.

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-On 12/6/23 he weighed 207.2 lbs.  
--A variance of 12 lbs.  
\*There was no documentation in the nurses' progress notes or re-weigh of resident 1 with the variance in his weights on 11/2/23, 11/22/23, and 12/6/23.  
\*There was a dietary progress note entered by registered dietitian (RD) E on 11/20/23 that had identified resident 1's poor appetite.  
\*Administrator A had faxed a letter on 12/11/23 to resident 1's physician that indicated resident 1's weight loss, poor appetite, and had requested to start mirtazapine (a medication to assist with increasing appetite).  
\*Social worker (SW) F had entered a progress note on 12/12/23 that she had informed resident 1's guardian of his weight loss.  
\*Between 12/3/23 and 12/11/23, documentation reflected resident 1 had refused breakfast, lunch, and supper 6 of the nine days.  
\*A physician's order was received on 12/12/23 to start mirtazapine 15 mg orally at bedtime.  
\*RD E had weight reports for 10/23/23 and 10/30/23 for resident 1 was to have been re-weighed because of weight loss variance.

5. Interview on 12/28/23 at 12:00 p.m. with RD E regarding resident 1's weight loss revealed:  
\*She would have monitored the resident's weights weekly.  
\*Clinical staff would have had a daily huddle that discussed resident's weights concerns.  
\*She would have been included in the Nutrition Hydration Skin Committee.  
-Residents with a high risk for skin breakdown, pressure ulcers, and unexpected decline would have been discussed at those meetings.  
\*She had a one-to-one visit with resident 1 on 11/20/23 to discuss his poor appetite.

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\*She had received an email on 11/26/23 from licensed practical nurse (LPN) C regarding resident 1's poor appetite, he stated he does not like the food and would eat snacks like popcorn and ice cream.

6. Interview on 12/28/23 at 12:30 p.m. with SW F regarding resident 1's weight loss revealed:

\*She had notified resident 1's guardian about his weight loss on 12/12/23 and discussed the possibility of starting mirtazapine or a hospice consult.

\*She had thought that nursing staff notified her once about his weight loss that had triggered on 11/2/23.

\*She agreed that he did like "junk food" and did have some snacks in his room when she visited him.

7. Interview on 12/28/23 at 2:35 p.m. with registered nurse (RN) B and LPN C regarding resident 1's weight loss revealed:

\*They had discussed the residents' weight loss in the daily clinical huddle.

\*On 11/7/23 they discussed resident 1's 11.6 lbs. weight loss in the morning huddle.

-Once that was identified resident 1 should have been re-weighed.

-There was no documentation that the resident was re-weighed.

\*LPN C emailed RD E on 11/26/23 regarding resident 1's weight loss.

\*They both agreed that resident 1's physician should have been notified regarding his weight loss.

\*On 11/22/23 resident 1 should have been re-weighed with the documented weight of 219.2 lbs.

-There was no documentation that resident 1 was

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re-weighed after the identified weight loss.  
-There was no documentation that resident 1's physician was notified of the additional weight loss.  
\*They both agreed that they had not followed the policy regarding weight loss.

8. Review of resident 1's revised 10/3/23 care plan revealed:

- \*\*Goal:"
- No unplanned significant weight loss or gain."
- \*\*Goal:"
- \*Appetite stimulant initiated on 12/12/23."
- \*Calorie dense supplements per the MD order initiated on 12/12/23."
- \*Diet per MD order initiated on 9/11/23."
- \*Dines in the main dining room initiated on 9/11/23."
- \*Refer to RD as appropriate initiated on 12/12/23."

9. Review of the provider's 2012 Weight policy revealed:

- \*\*New admits:"
- \*Weight on the day of admission then weekly for one month."
- \*\*Weekly weights:"
- \*The following guidelines for residents who may need to be weighed weekly:"
- \*Food intake had declined."
- \*Slow trending of weight loss/gain."
- \*Significant weight loss/gain five percent in 30 days (five lbs in one month considered significant weight change)."
- \*\*Re-weigh:"
- \*Any weight with a five lbs. variance is re-weighed within 24 hours."
- \*Only after the re-weigh has been completed will a weight be recorded on the permanent record

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F 658	Continued From page 5 Weight Record." -"Weights are recorded on the Weight Record the same day they are taken unless there is a five lbs. or more variance." -"If a significant variance is actual after a re-weigh, the nurse documents in the medical record, revises the care plan, refers to the Nutrition Hydration Skin Committee and notifies the physician and resident/resident's authorized representative. These notifications are recorded in the nursing progress notes of the medical record." -"When the Nutrition Hydration Skin Committee or designee reviews the weights, the Committee determines which residents are evaluated. The team or designee reviews the resident's status and makes recommendations." **Obtaining and Recording Weights: -"The nurse reviews the current weight and compares to prior weight on the Weight Worksheet." -"The nurse records validated weights on the Weight Record in the resident's medical record." -"This report is provided weekly to the DNS, Dietary Manager, RD and the Nutrition Hydration Skin Committee."	F 658		