STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105039	A. BUILDING _____ B. WING _____	**03/09/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
REHABILITATION CENTER OF THE PALM BEACHES,THE	**301 NORTHPOINTE PARKWAY WEST PALM BEACH, FL 33407**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0692 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide enough food/fluids to maintain a resident's health.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide nutritional care and services consistent with the resident's comprehensive assessment and plan of care, for 1 of 3 residents reviewed for weight loss (Resident #1). The findings included: During an interview on 03/09/20 at 1:10 PM, a family member stated that Resident #1 was losing weight and that he had been telling the staff for approximately a month and he felt like the staff was not listening to him. Review of Resident #1's record on 03/09/20 revealed that Resident #1 was admitted on [DATE] with [DIAGNOSES REDACTED]. Resident #1's Minimum Data Set (MDS), an admission assessment, of 01/27/20 revealed a Brief Interview for Mental Status (BIMS) of 10 out of a possible 15, which indicates moderate cognitive impairment. Resident #1's Comprehensive Nutrition Assessment of 01/28/20 revealed a note from the Registered Dietitian 'Visited with the resident at bedside-lunch tray left untouched as per observation. Resident at nutritional risk for inadequate po intake'. Resident #1's record revealed a weight on 1/23/20 of 136.5 pounds. On 02/01/20, Resident #1 weighed 137.0 pounds. Resident #1 had not been weighed since 02/01/20. Resident #1 was weighed on 03/09/20 during the survey and weighed 127.5 pounds, a 6.93% weight loss in one month. Review of Resident #1's Medication Administration Record [REDACTED]. Review of the MAR from 02/01/20 through 03/08/20 revealed no documented side effects related to [MEDICATION NAME]. Continued review of the MAR indicated [REDACTED]. Review of the MAR from 02/01/20 through 03/08/20 revealed no documented side effects related to [MEDICATION NAME]. Review of Resident #1's plan of care revealed a nutritional focus, initiated 01/28/20, with an intervention that the Registered Dietitian would consult and follow Resident #1 as needed. The nutritional focus plan of care also had an intervention that the Registered Dietitian would obtain, and review lab work as ordered and report results to Resident #1's doctor and follow up as indicated. Review of Resident #1's laboratory test revealed results from 02/25/20 of an [MEDICATION NAME] serum level, as low, at 2.4g/dl. The reference range for a normal value is 3.5 - 5.0 g/dl. Low [MEDICATION NAME] levels in your blood can be due to improper nutrition. On 03/03/20, Resident #1's [MEDICATION NAME] serum was low at 2.3 g/dl. On 03/10/20 at 1:25 PM, the RD was asked if she had reviewed Resident#1's laboratory results from 02/25/20 and 03/03/20. The RD stated that she had not. Review of Resident #1's physician orders [REDACTED]. During the same interview, the RD was asked about the physician order [REDACTED]. The RD stated she was not aware of a physician order [REDACTED].#1 to be at risk for weight loss during her admission assessment of 01/28/20. The RD stated that she was aware that the family had voiced concerns about Resident #1 losing weight but could not recall when she was first aware. The RD stated that she participated in a care plan meeting with the family on 02/27/20 and remembered the family being concerned about the resident losing weight. The RD stated that she had not documented any progress notes for Resident #1 related to the family care plan meeting. The RD stated that she did not update Resident #1's plan of care after the 02/27/20 care plan meeting. The RD stated that she had visited with Resident #1 on several occasions and talked to her about her meal consumption and her weight. The RD stated that she could not recall the dates that she had met with Resident #1 and that she did not document any of her interactions with the resident.

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.