STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375160	A. BUILDING _____ B. WING _____	**08/04/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ELMBROOK HOME	**1811 9TH STREET NORTHWEST ARDMORE, OK 73401**

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 -** Some	**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, it was determined the facility failed to provide interventions in a timely manner to prevent weight loss for two (#1 and #5) of four residents reviewed for weight loss. The facility reported 62 residents lived in the facility. Findings: 1. Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. An annual assessment, dated 07/02/19, documented the resident was severely impaired with cognition and required total assistance with activities of daily living. The assessment documented the resident weighed 119 pounds. A vitals report, dated 01/01/20 through 06/19/20, documented the residents weight as follows: 01/01/20- 131.5 pounds; 02/07/20- 134 pounds; 03/25/20- 138 pounds; 04/06/20- 139 pounds; 05/12/20- 137.6 pounds; 06/05/20- 115 pounds; and 06/11/20- 111 pounds. A quarterly assessment, dated 04/02/20, documented the resident was severely impaired with cognition and required total assistance with activities of daily living. The assessment documented the resident weighed 138 pounds. A care plan, updated 04/08/20, documented the resident required a pureed diet and was at risk for weight loss. The care plan documented for the staff to assist the resident with meals. The care plan documented for the staff to monitor the residents intake and to monitor weights as ordered by the physician. The care plan documented for the staff to offer house supplements when needed. The care plan documented the resident was at risk for aspiration due to impaired swallowing. A physician's orders [REDACTED]. The order documented for the resident to receive honey thick mighty shakes with breakfast and dinner. The order documented for the resident to receive [MEDICATION NAME] 40 mg daily.(used to treat loss of appetite). The order documented for the staff to weigh the resident monthly. A care plan, updated 06/05/20, documented for the staff to encourage oral intake of food and fluids, monitor and record intake, monitor lab as ordered, and offer substitutes when needed. A dietary progress note, dated 06/10/20, documented the resident's current weight was 111 pounds. The note documented medications included [MEDICATION NAME] and to add Med Pass 60 milliliters (ml) twice a day. The note documented to continue to monitor weights and intake and to notify the primary care provider. The physician had been notified regarding the residents weight loss on 06/11/20. A physician's orders [REDACTED]. The clinical record documented the resident had received medications and supplements as ordered by the physician. A medical and dental equipment repair letter, dated 06/15/20, documented, On June 3 and June 12, 2020 we calibrated your two Detecto Wheelchair Scales and Vanderlift Digital Lift Scale and Detecto Stand-Up Scale. We adjusted and calibrated these scales using weights traceable to the National Institute of Standards and Technology. Your scales are due a calibration again on December 2020 . On 08/04/20 at 11:00 a.m., the director of nurses(DON) reported the physician should have been notified of the resident's weight loss in a timely manner. The DON reported interventions to prevent further weight loss should have been implemented in a timely manner. 2. Resident #5 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A vitals report, dated 04/10/20 through 07/30/20, documented the residents weight as follows: 04/10/20- 144.6 pounds; 05/12/20- 156.2 pounds; 06/11/20- 134 pounds; 07/02/20- 138.4 pounds; 07/09/20- 141.4 pounds; 07/24/20- 138 pounds; and 07/30/20- 139.5 pounds. A medical and dental equipment repair letter, dated 06/15/20, documented, On June 3 and June 12, 2020 we calibrated your two Detecto Wheelchair Scales and Vanderlift Digital Lift Scale and Detecto Stand-Up Scale. We adjusted and calibrated these scales using weights traceable to the National Institute of Standards and Technology. Your scales are due a calibration again on December 2020 . A physician's orders [REDACTED]. An annual assessment, dated 07/28/20, documented the resident was severely impaired with cognition, and required extensive care with most activities of daily living. The assessment documented the resident required supervision with meals. The assessment documented the resident weighed 138 pounds. A care plan, updated 07/29/20, documented the resident required a pureed diet due to at risk for weight loss. The care plan documented for the staff to allow resident time to eat, assist resident if needed, monitor intake of meals, monitor weight as ordered, and offer supplements if needed. A printed physician's orders [REDACTED]. The order documented med pass supplement 2.0 give 60 ml twice a day was added on 10/26/19. The order documented a pureed diet with nectar thick liquids had been ordered on [DATE]. The clinical record contained no documentation the physician had been notified of the resident's weight loss. The clinical record contained no new interventions until 06/30/20. On 08/04/20 at 9:49 a.m., the resident was observed sitting up in her recliner with her eyes closed. On 08/04/20 at 11:00 a.m., the director of nurses(DON) reported the physician should have been notified of the resident's weight loss in a timely manner. The DON reported interventions to prevent further weight loss should have been implemented in a timely manner.

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.