STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365379	A. BUILDING _____ B. WING _____	07/15/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE LAURELS OF WALDEN PARK	5700 KARL ROAD COLUMBUS, OH 43229

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 review of the medical record, staff interview and the policy and procedure for weight management, the facility failed to provide care and services to prevent weight loss and ensure sufficient fluids were being offered to maintain hydration. This affected one of three residents reviewed (Resident #200). Findings include: Review of Resident #200's medical record revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. The resident was discharged to the hospital on [DATE]. Review of the Minimum Data Set assessment dated [DATE] revealed the resident required extensive assistance for eating. Review of the nutrition assessment dated [DATE] revealed her fluids need was 1800 ml per day. Review of the care plan dated 03/23/20 revealed the resident was at nutritional risk related to therapeutic diet for type 2 diabetes. The goals included: resident will eat at least 75% of meals on most meals, have no significant weight loss and have no signs or symptoms of dehydration. The care plan was revised on 06/13/20. Interventions included observe for signs and symptoms of dehydration, obtain laboratory work as ordered, obtain weight at least monthly, provide diet as ordered with preferences, refer to dietician, speech therapy or occupational therapy as needed. There was no evidence the care plan was updated when the resident had a decline in meal intakes and fluid intakes. Weights were reviewed in the medical record to include: admission weight of 132 pounds on 03/20/20, 133.6 on 04/07/20, 134.6 on 04/13/20, 134.4 on 05/06/20 and 129.4 on 06/17/20. The weight on 06/17/20 was obtained one week late according to the policy that stated weights were to be obtained by the 10th of the month. There were no further weights obtained after 06/17/20. Review of the meal intake records revealed beginning 06/18/20 the resident's intake declined. The record showed the resident ate 26-50% on 11 occasions between 06/18/20 until discharge on [DATE]. The resident ate between 0-25% on three occasions. The resident refused to eat on eight occasions. Meals intakes were not recorded at all on three occasions. Review of the fluid intake records for 06/18/20 through 06/28/20 revealed the resident only received 180 milliliters (ml) on 06/18/20, 360 ml on 06/19/20, 480 ml on 06/20/20, 340 ml on 06/21/20, 360 ml on 06/21/20, 100 ml on 06/22/20, none on 06/24/20, 06/25/20 and 06/26/20, 320 ml on 06/27/20, 180 ml on 06/28/20. These amounts were totals for the day for fluids that were taken with meals. Review of the nurses progress notes from 06/18/20 through discharge on 06/29/20 revealed no evidence the nurses were aware of the resident not eating or drinking well. There was no evidence an assessment was completed to determine why the resident was not eating or drinking. There was no documentation in the resident's medical record that facility staff were encouraging and assisting the resident with fluid intake outside of what was being provided during meals. Review of the nurse practitioner notes dated 06/25/20 revealed she was asked by nursing staff to see the resident due to altered mental status, more confused, unable to answer questions, sudden onset that began three days ago. There was no evidence the nurse practitioner was aware the resident hadn't been eating or drinking well or had a recent weight loss of five pounds. During interview with the Registered Dietician (RD) #2 on 07/14/20 at 2:16 P.M. she was asked if she was notified or had addressed the resident's decline in eating and drinking. RD #2 identified the resident also gets a water pitcher and fluids with medications throughout the day. RD #2 verified the resident needed extensive assistance of one to eat/drink. RD #2 also stated the other fluids were not recorded anywhere so she couldn't say how much fluids the resident had. RD #2 stated since the resident's weight loss did not trigger a significant weight loss that she wouldn't do anything to intervene. RD #2 stated the resident was re-weighed with the five pound weight loss, however, there was no documented evidence this was completed. RD #2 also verified there was no evidence the resident was put on a weekly weight schedule with the five pound weight loss. Review of the policy and procedure titled, Weight Management, revised on 10/2019 revealed the dietary manager/RD and Director of Nursing are responsible for coordination of an interdisciplinary approach to managing the processes for prediction, prevention, treatment, monitoring and calculation of unintended weight loss. Re-weights are initiated for a five-pound weight variance if the resident is >than 100 pounds and for a three-pound variance if < than 100 pounds. Re-weights will be done within 48-72 hours. Monthly weights will be completed by the 10th of each month and documented in the medical record. Residents determined to be at risk or have significant weight changes will be weighed on a weekly basis. Residents at risk include: residents with insidious weight loss and weight loss of 5% in one month, 7.5 % in three months or 10% in six months. Residents with the following conditions may also be at risk: refusing to eat, diabetes, depression, Alzheimer's/dementia, dependent eating skills. This deficiency substantiates Complaint Number OH 003. This deficiency is evidence of continued non-compliance from the survey completed on 03/07/20.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE