

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

PRINTED: 06/18/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185145	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/04/2015
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NAME OF PROVIDER OR SUPPLIER  CEDAR RIDGE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1217 US HIGHWAY 62 E CYNTHIANA, KY 41031
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F 000	INITIAL COMMENTS  A Recertification Survey was initiated on 06/02/15 and concluded on 06/04/15, with deficiencies cited at the highest Scope and Severity of a "D".	F 000		
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN  The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policy, it was determined the facility failed to ensure services were provided in accordance with each resident's written Comprehensive Care Plan for one (1) of twelve (12) sampled residents (Resident #3).  Resident #3's Comprehensive Care Plan revealed the resident had updated interventions which included: fortified foods; Remeron (an appetite stimulant medication); and fortified shakes three (3) times a day. However, interview and record review revealed Resident #3 was no longer receiving the care plan interventions of fortified foods or fortified shakes three (3) times a day or Remeron (medication used for appetite stimulation). Observation, on 06/04/15, of Resident #3's weight being obtained revealed the resident's weight was 151.8 pounds (lbs) with a re-weight obtained of 152.0 lbs, which was a significant weight loss from his/her weights obtained previously.	F 282	This Plan of Correction constitutes our written allegation of compliance for the deficiency cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by State and Federal law.  F 282  1. Resident #3's care plan was updated on 6/19/15 by the MDS Nurse and is current and reflective of her care needs and/or MD orders.  2. The Director of Health Services, Assistant Director of Health Services, and/or MDS Nurse will review the care plans of current campus residents by 7/9/15 to determine that care plans are reflective of each residents' current care needs. Care plans that are identified during this review as needing any updates/revisions will be revised at that time by the DHS, ADHS, and/or MDS Nurse.  3. The Executive Director and Clinical Support Nurse re-educated the DHS, ADHS and MDS Nurse as of 6/19/15 regarding updating resident care plans with any changes in MD orders, treatments, care needs and including upon return from hospitalization.	

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

*Shirley Hester R2 NHA*

TITLE

*Ex. Dir*

(X8) DATE

*6/26/15*

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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Continued From page 1

The findings include:

Review of the facility's policy titled, "Interdisciplinary Team Care Plan Guideline, revised January 2008, revealed the purpose of the care plan was to ensure the appropriateness of services and communication which met a resident's needs, severity/stability of conditions, impairment, disability, or disease. Policy review revealed problem areas were identified with interventions reflective of the individuals needs and risk.

Interview, on 06/04/15 at 8:09 PM, with the Executive Director revealed her expectation was for staff to follow residents' Comprehensive Care Plans.

Review of Resident #3's medical record revealed the facility admitted the resident on 02/16/06, with diagnoses which included Non-Alzheimer's Dementia, Anxiety Disorder, Persistent Mental Disorder, Depression and Chronic Obstructive Pulmonary (Lung) Disease (COPD). Review of the Quarterly Minimum Data Set (MDS) Assessment, dated 04/12/15, revealed the facility assessed Resident #3 as moderately cognitively impaired, but interviewable, with a Brief Interview for Mental Status (BIMS) score of eight (8) out of fifteen (15).

Review of Resident#3's Comprehensive Care Plan, undated, revealed the facility had care planned the resident for "Heights/Weights" with the resident's weight to remain at a healthy range and without unwarranted significant weight change. Continued review of the care plan revealed interventions which included to review

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4. The ED and/or DHS will audit 5% care plans weekly for 30 days, then 2 care plans per week to verify ongoing compliance. The Results of the audits will be presented to the QA Committee by the ED/DHS for review and recommendations until compliance is achieved. In addition, care plans are reviewed at least twice annually to validate they remain appropriate of services and care needs of each resident during Peer Review process.

Completion date: 7/10/15

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F 282	Continued From page 2  Resident #3's overall weight trends at least once monthly and make necessary recommendations to the Physician for approval should the resident experienced any undesired weight change. Continued review of Resident #3's Comprehensive Care Plan revealed the facility also care planned the resident for "Meals/Snacks/Fluids" with updated interventions which included: on 01/22/15, add fortified foods to diet, fortified shake daily; on 02/25/15, add Remeron for the resident's appetite, monitor; on 03/04/15, increased fortified shakes to TID (three times per day) related to weight loss; on 03/24/15, Med Pass 2.0 (a nutritional supplement given at medication pass times) 120 cc (cubic centimeter) bid (two times per day) for thirty (30) days related to weight loss, monitor; and on 04/15/15, Medpass increased to TID, monitor. Further review of the "Meals/Snacks/Fluids" care plan revealed to coordinate care efforts with the resident, family and caregivers and Interdisciplinary Team (IDT).  Review of monthly Physician's Orders for June 2015, revealed orders which included a regular diet with fortified foods and Med Pass 2.0 120 milliliters (mls) TID related to weight loss. Continued review of the June 2015 monthly Physician's Orders revealed no documented evidence of orders for the Remeron or fortified shakes three (3) times a day. Review of prior Physician's Orders revealed Remeron 15 mg was ordered on 02/25/15, and the fortified shakes three (3) times a day were ordered on 03/04/15. However, review of Resident #3's 04/03/15, re-admission Physician's Orders, obtained after the resident's return from hospitalization, revealed no documented evidence of the Remeron and fortified shakes still being ordered.	F 282			

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F 282	<p>Continued From page 3</p> <p>Further review of Resident #3's medical record of the resident's weight records revealed the documented weights for him/her for 2015 were as follows: on 01/13/15 the weight was 178.5 lbs, on 02/17/15 the weight was 168.5 lbs, on 03/03/15 the weight was 168 lbs, on 04/04/15 the weight was 165.5 lbs, and on 05/05/15 the weight was 160.2 lbs.</p> <p>Observation, on 06/04/15 at 4:40 PM, of Resident #3's weight being obtained by Licensed Practical Nurse (LPN) #1 revealed the resident's weight initially was 151.8 pounds (lbs), LPN #1 re-weighed him/her with a re-weight of 152.0 lbs, which was a significant weight loss from the previously documented weights.</p> <p>Interview, on 06/04/15 at 2:59 PM, with the Dietician revealed she developed Resident #3's nutrition care plans with interventions and the resident had a history of weight loss, but remained above his/her ideal body weight. The Dietician revealed she had recommended: the Remeron 15 mg to improve the resident's appetite; the fortified foods for extra protein and calories; and increased the fortified shakes to three (3) times a day because the resident's intake was not sufficient to meet his/her dietary needs. Continued interview revealed she had increased the Med Pass 2.0 supplement to three (3) times per day to help with wound healing. The Dietician stated she expected the interventions she had recommended which included the Remeron and fortified shakes, to be implemented as the resident continued to need them. Per interview, the Dietician was unaware Resident #3's Remeron and fortified shakes had been discontinued in April when the resident was</p>	F 282		

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F 282	Continued From page 4  re-admitted after hospitalization. Further interview with the Dietician revealed Resident #3's meal ticket was supposed to include the order for the fortified foods. The Dietician revealed she was unaware Resident #3 was no longer receiving the fortified foods; however, she stated the resident should be receiving the fortified foods, as per the care plan.  Interview, on 06/04/15 at 6:21 PM, with the Dietary Manager revealed the last order sent by nursing to dietary, on 04/15/15, had a Mechanical Soft Diet documented and had not included the Physician ordered and care planned fortified foods.  Interview, on 06/04/15 at 7:43 PM, with the Director of Health Services (DHS) revealed care plan interventions were to be followed to maintain a resident's safety and provide adequate care. The DHS revealed Resident #3's nutrition care plan interventions included fortified foods, Remeron, fortified shakes and Med Pass 2.0, and the resident's care plan was only being implemented at that time for the Med Pass intervention. She revealed the Remeron and fortified shakes were not included on Resident #3's re-admission orders, on 04/03/15, but were on the 04/01/15 monthly Physician's Orders which were reviewed by the Dietician. Per interview, no one had questioned why the interventions for the Remeron and fortified shakes and food were not in place. Per interview, the fortified foods were on Resident #3's re-admission orders; however, the resident was not receiving the therapeutic diet for fortified foods intervention. The DHS revealed there had been a breakdown in the facility's system because the failure to implement Resident #3's	F 282			

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F 282	Continued From page 5 nutrition interventions was not identified. Further interview revealed the goal of the care plan was for Resident #3 not to lose weight and to be comfortable, but by not following the resident's care plan interventions this had possibly contributed to his/her weight loss.  Interview, on 06/04/15 at 8:09 PM, with the Executive Director (ED) revealed care plans were based on assessments and directed the team on how to best care for residents. Per interview, she hoped all interventions ordered by the Physician were followed, and as the fortified foods were on the resident's current Physician's Orders this care plan intervention should have been followed.	F 282		
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE  Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policy, it was determined the facility failed to ensure the Dietician's recommended nutritional supplements and therapeutic diet were followed for one (1) of	F 325	F 325  1. Resident #3 was re-assessed by the Registered Dietician on 6/4/15 and will be reviewed also on 7/1/15 to ensure nutritional needs are being met. Diet orders including supplements were reviewed and clarified by the MD for Resident #3 on 6/19/15. Resident #3 has been receiving her ordered therapeutic diet and supplements as of 6/20/15.	

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F 325 Continued From page 6  
twelve (12) sampled residents (Resident #3).

Resident #3 had a history of poor meal consumption and weight loss for which the Dietician recommended a fortified food therapeutic diet and nutritional supplements interventions, which included Remeron (a medication used for appetite stimulation) and fortified shakes. The Dietician's recommendations were ordered by the Physician and care planned. However, the facility failed to ensure the Dietician's recommendations were reordered after Resident #3 was re-admitted to the facility following a hospitalization. In addition, the facility failed to notify the Dietician when the Remeron and fortified shake orders were not continued after Resident #3's re-admission to the facility. Also, Resident #3 had a Physician's Order for the resident to have fortified foods; however, nursing staff failed to ensure the order was communicated to the dietary department.

The findings include:

Review of the facility's policy titled, "Guidelines for Weight Tracking", revised date of May 2014, revealed the purpose of the policy was to ensure residents' weights were monitored for weight gain and/or loss to prevent complications arising from compromised nutrition. The Policy revealed the Dietician or representative reviewed the resident's nutritional status, usual body weight and current weight to implement a nutritional program as warranted.

Record review revealed the facility admitted Resident #3 on 02/16/06, with diagnoses which included Anxiety, Chronic Obstructive Pulmonary (Lung) Disease, Non-Alzheimer's Dementia,

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2. The DHS, ADHS, and/or MDS Nurse will complete an audit of current residents diet and supplement orders in correlation with the Dietary Tray Cards by 7/9/15 to determine consistency. Identified discrepancies will be corrected immediately at that time by the DHS, ADHS, MDS Nurse and/or Director of Food Service. Diet orders, supplements and Dietary Tray Cards will be accurate and consistent as of 7/10/15.

3. The DFS re-educated cooks and dietary assistants regarding preparation of Fortified Foods and Fortified Shakes with each meal and use of Dietary Tray Cards with each meal tray as of 6/16/15.

The DHS will re-educate licensed nurses and certified nursing assistants by 7/1/15 on procedure to verify Dietary Tray Cards for accuracy of meal being served to include supplements such as Fortified Foods and Fortified Shakes and to correct any concerns or omissions immediately. Licensed Nurses will also be re-educated on completing Dietary Communication Tool with any changes in diet orders and/or supplements by the DHS by 7/1/15.

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F 325	<p>Continued From page 7</p> <p>Anxiety Disorder, Persistent Mental Disorder and Depression. Review of the 04/12/15, Quarterly Minimum Data Set (MDS) Assessment revealed the facility assessed Resident #3 as moderately cognitively impaired through the Brief Interview for Mental Status (BIMS) assessment.</p> <p>Review of the March 2015 monthly Physician's Orders revealed diet orders for a mechanical soft diet, fortified foods and fortified shake once daily. Review of other Physician's Orders revealed: an order dated 02/25/15, for Remeron 15 mgs at night every day for appetite; and an order dated 03/04/15, to increase Resident #3's fortified shakes to three (3) times per day (TID) per dietary recommendations.</p> <p>Continued record review revealed Resident #3 was re-admitted to the facility on 04/03/15, after a hospitalization. Review of Resident #3's June 2015 monthly Physician's Orders revealed the diet orders included a regular diet with fortified foods, and an order for Med Pass 2.0 120 milliliters (mls) three (3) times a day (TID) with no documented evidence of the orders for Remeron 15 mg and fortified shakes TID, which had been recommended by the Dietician due to the resident's weight loss.</p> <p>Review of Resident#3's Comprehensive Care Plan, undated, revealed the facility had care planned the resident for "Heights/Weights" and "Meals/Snacks/Fluids". Continued review of the "Heights/Weights" care plan revealed a goal of no unwarranted significant weight change and interventions which included reviewing the resident's overall weight trends at least once monthly and make any recommendations to the Physician for approval if the resident experienced</p>	F 325	<p>The ED re-educated campus Meal Managers (Social Services; Business Office Manager; Payroll Coordinator; ADHS; MDS Nurse; DHS; Medical Records; Plant Operations; Environmental Services; Activity Director; Cust Service Rep; DFS) as of 6/23/15 on procedure to verify Dietary Tray Cards for accuracy of meal being served to include supplements such as Fortified Foods and Fortified Shakes and to correct any concerns or omissions immediately.</p> <p>4. The DFS and/or ADFS will report daily M-F at Stand Up meeting which Fortified Food selections will be served for the day. The Meal Manager will review at minimum 1 meal per day/7 days per week to validate accuracy of diet orders including supplements and actual meal served. Any concerns will be discussed daily M-F during the Stand Up meeting.</p>	
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Continued From page 8  
any undesired weight change. Continued review of the "Meals/Snacks/Fluids" care plan revealed the resident was on a mechanical soft diet with fortified foods "per orders". Further review revealed the interventions were updated to include: on 1/22/15, fortified foods were added with a fortified shake daily; on 02/25/15, Remeron medication was added related to appetite, and "monitor"; on 03/04/15, the fortified shakes were increased to three (3) times daily (TID) related to weight loss; on 03/24/15, Med Pass 2.0 (a nutritional supplement given during medication pass) 120 cubic centimeter (cc) two (2) times daily (BID) for thirty (30) days related to weight loss and "monitor"; and on 04/15/15, the Med Pass supplement was increased to TID and "monitor". However, review of the June 2015 monthly Physician's Orders revealed no documented evidence of orders for the Remeron 15 mgs daily or fortified shakes TID as dietary interventions.

Review of Resident #3's weight records revealed the resident's weights were documented as follows for 2015: on 01/13/15, 178.5 pounds (lbs); on 02/17/15, 168.5 lbs; on 03/03/15, 168 lbs; on 04/04/15, 165.5 lbs; and weekly weights obtained on 05/05/15, 05/12/15, 05/19/15, 05/26/15 revealed the resident's weight was documented as 160.2 lbs for all four (4) dates.

However, observation and interview, on 08/04/15 at 4:40 PM, of Resident #3 being weighed by Licensed Practical Nurse (LPN) #2 revealed an initial weight of 151.8 lbs was obtained, and when the resident was re-weighed a weight of 152 lbs was obtained. Interview with LPN #2 revealed she had previously weighed Resident #3 before using the sit down weigh machine which was

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The DFS and/or ADFS will conduct 10% audits weekly at various meal times across all nursing units to verify meal served is according to diet order including supplements for 30 days, then 5% weekly for 30 days, then 3 trays weekly to verify ongoing compliance. The results of the audits will be presented to the QA Committee by the DFS for review and recommendations until compliance is achieved. In addition, resident nutritional status is reviewed for compliance at least twice annually during Peer Review process.

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NAME OF PROVIDER OR SUPPLIER  <b>CEDAR RIDGE HEALTH CAMPUS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1217 US HIGHWAY 82 E CYNTHIANA, KY 41031</b>	
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F 325	<p>Continued From page 9</p> <p>calibrated to 0.0 prior to obtaining a resident's weight.</p> <p>Continued review of Resident #3's previously documented weights for 2015, compared to the weight of 152 lbs obtained on 06/04/15, revealed the resident had experienced a one (1) month weight loss of 5% from the 05/05/15 weight of 160.2 lbs; a three (3) month weight loss of 8% from the 04/04/15 weight of 165.5 lbs; and a six (6) month weight loss of 14% from the 01/13/15 weight of 178.5 lbs.</p> <p>Continued record review of the Nutrition Progress Notes revealed a Note, dated 04/06/15, which documented Resident #3's meal intake of the mechanical soft fortified foods diet was 41.7% times (x) seven (7) days, and the resident's supplements included fortified shakes TID with meals, Med Pass 2.0 120 ml BID related to weight decrease. The Note revealed Resident #3 also received Remeron 15 mgs daily related to appetite. Review of the Nutrition Progress Note, dated 05/05/15, revealed Resident #3's Med Pass supplement was increased to 120 ml three (3) times a day related to "not meeting needs". Even though review of Resident #3's Comprehensive Care Plan revealed it had been updated on 04/15/15, for the Med Pass supplement to have been increased to TID then.</p> <p>Interview, on 06/04/15 at 2:59 PM, 4:00 PM, and 5:32 PM, with the Dietician revealed when assessed Resident #3 had triggered for Dementia, History of Pneumonia, Chronic Urinary Tract Infections and she had written nutrition care plans with interventions for the resident. Per interview, Resident #3 was above his/her ideal body weight of 115 lbs, was overweight and was</p>	F 325	

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

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185145	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/04/2015
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NAME OF PROVIDER OR SUPPLIER  CEDAR RIDGE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1217 US HIGHWAY 62 E CYNTHIANA, KY 41031
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F 325 Continued From page 10  
assessed on 04/14/15, to consume approximately 56.5% of meals, over a seven (7) day period and 100% of his/her snacks. The Dietician revealed her nutrition assessment on 05/05/15, was related to Resident #3's wound needs, as the resident had experienced skin breakdown. Per interview, the Med Pass supplement was increased to three (3) times daily at that time to help with wound healing and provided extra calories and protein for healing. The Dietician stated Resident #3 had experienced a 3% weight loss between the April and May weights. Continued interview revealed however, she was unaware the resident had experienced a significant weight loss of greater than 10%, over a six (6) month period, based on the May 2015 weight of 162 lbs and the November 2014 weight of 179 lbs. She stated this was because on her 05/05/15 nutrition assessment she had been focused on Resident #3's wound needs and had not reviewed the resident's prior weights at that time. Per the Dietician, if she had been aware of the significant weight loss she would have reviewed Resident #3's interventions and Physician's Orders to ensure all the recommended interventions were in place, as she wanted the resident to continue receiving the Remeron and the fortified Mighty Shakes.

Observation, on 06/02/15 at 05:41 PM and 5:49 PM, revealed Resident #3 was in the dining room eating being assisted with his/her meal with no fortified shake (Mighty Shake) observed and no meal ticket present with the meal.

Review of Resident #3's meal ticket, kept in a notebook on the Legacy Unit, where the resident resided, revealed the meal ticket was blank with no documented evidence of the diet orders for

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NAME OF PROVIDER OR SUPPLIER  CEDAR RIDGE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1217 US HIGHWAY 62 E CYNTHIANA, KY 41031
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F 325	Continued From page 11 him/her.  Interview, on 06/04/15 at 1:11 PM, with Certified Nursing Assistant (CNA) #1 revealed the meal ticket was a part of the facility's checks to ensure a resident had the right diet and Resident #3 was on a mechanical soft diet. Continued interview with CNA #1 revealed a resident's meal ticket was supposed to include if the resident needed a fortified shake with their meals.  Continued interview, on 06/04/15 at 12:47 PM, with LPN #1 revealed Resident #3 was receiving a mechanical soft diet and the meal ticket was supposed to ensure the correct diet was served. LPN #1 revealed Resident #3 had not been getting the fortified shakes because they were not on the resident's meal ticket.  Interview, on 06/04/15 at 1:50 PM, with the Dietary Manager (DM) revealed she did not assess residents for weight loss, and on the Legacy Unit, where Resident #3 resided, meals were served "family style" for lunch and dinner so meal tickets were not provided. Per interview, a meal ticket was provided with the breakfast meal and the nurse was given a copy of the most current meal ticket to review for accuracy. The Dietary Manager revealed someone should have identified Resident #3's meal ticket was blank with no diet order documented. Further interview revealed nursing communicated to the dietary department when and if a resident was supposed to get a fortified shake with meals.  Further record review revealed Resident #3's 04/03/15 re-admission Physician's Orders included a no added salt (NAS) regular mechanical soft diet with fortified foods. Review	F 325		
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NAME OF PROVIDER OR SUPPLIER  CEDAR RIDGE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1217 US HIGHWAY 62 E CYNTHIANA, KY 41031
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F 325 Continued From page 12

of the Nutrition Recommendation, dated 04/14/15, revealed the Dietician's recommendation which clarified Resident #3's diet was regular mechanical soft, and not the NAS mechanical soft diet ordered on his/her re-admission. However, further review of the 04/14/15, Nutrition Recommendation revealed no documented evidence of continuation of the fortified foods recommendation. Therefore, review of a Diet Order Communication sent to dietary by a nurse, dated 04/15/15, revealed it only included the recommendation to change Resident #3's diet to mechanical soft.

Interview, on 06/04/15 at 7:04 PM, with LPN #3 revealed he had transcribed the Dietician's recommendation on 04/15/15, and wrote the diet order as mechanical soft, as per the Dietician's recommendation which had not included fortified foods.

The Dietician revealed she had previously recommended for Resident #3 to receive: Remeron 15 mg to improve the resident's appetite; fortified foods; and had increased the resident's fortified shakes to three (3) times a day. She stated this was because Resident #3's meal intake was not sufficient and she thought those interventions were still in place, as per her recommendations, when she wrote the 04/06/15 and 05/05/15 Nutrition Progress Notes and performed the 04/14/15 dietary assessment.

Continued interview, on 06/04/15 at 6:21 PM, with the Dietary Manager revealed as far as she knew Resident #3 was only on a Mechanical Soft Diet, as the last order sent by nursing to the dietary department, on 04/15/15, had been for a Mechanical Soft Diet. Per interview, the order

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NAME OF PROVIDER OR SUPPLIER  CEDAR RIDGE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1217 US HIGHWAY 62 E CYNTHIANA, KY 41031
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F 325	Continued From page 13 sent by nursing had not included the Physicians Orders for Resident #3 to receive fortified foods. Even though review of the May 2015 and June 2015 monthly Physician's Orders revealed Resident #3 had an order for fortified foods.  Interview, on 06/04/15 at 7:14 PM with the Assistant Director of Health Services (ADHS) revealed the Dietician had submitted a copy of her dietary recommendations for Resident #3 when she had clarified the resident's re-admission diet order. Per interview, on re-admission on 04/03/15, Resident #3 had an order for a NAS mechanical soft diet and on 04/14/15, the Dietician had clarified the diet order to be a regular mechanical soft diet. The ADHS revealed the Dietician had only been clarifying the NAS part of Resident #3's diet order, and therefore, had not included the fortified food order. Continued interview revealed when nursing communicated the Dietician's recommendation to dietary, the nurse changed Resident #3's diet to just a mechanical soft diet, as the fortified foods order was not included. The ADHS revealed a breakdown had occurred in the communication process, and the nurse should have looked to see what Resident #3's whole diet order was and included the fortified foods.  Further interview with the Dietician, on 06/04/15 at 6:39 PM, revealed Resident #3's meal ticket was supposed to include the fortified foods and she was not aware the resident was no longer receiving fortified foods. The Dietician revealed the Physician's Orders and care plan included the dietary intervention for fortified foods. Per interview, there was a system breakdown because she was not notified when Resident #3's weight declined between the April 2015	F 325		
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NAME OF PROVIDER OR SUPPLIER  CEDAR RIDGE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1217 US HIGHWAY 62 E CYNTHIANA, KY 41031
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F 325	Continued From page 14 re-admission weight of 168 lbs, and the May 2015 weight of 162.2 lbs. The Dietician revealed Resident #3 was not getting the diet the Physician had ordered, but the resident had not experienced a significant one (1) month weight loss, as the weight loss was 4.7%. In addition, the Dietician stated even if Resident #3 was only getting the regular mechanical soft diet and the Med Pass supplement three (3) times a day, the resident was getting thirty-one (31) calories per kilogram (kg) which was sufficient to promote weight gain. Further interview revealed the Dietician based this on Resident #3's current meal consumption average which was calculated at 57% times seven (7) days.  Interview, on 06/04/15 at 7:43 PM, with the Director of Health Services (DHS) revealed Resident #3's meal ticket had no dietary information or food allergies on it to guide staff as to what was supposed to be on the resident's plate. Per interview, nursing staff should have "caught" this omission. The DHS revealed the Dietician's recommendations for Remeron and fortified shakes were not included on the resident's re-admission orders. Per the DHS, however, there had also been a breakdown in the facility's system and Resident #3 was not getting the therapeutic diet ordered to include the fortified foods. Continued interview revealed Resident #3's February and March monthly weights, the April re-admission weight which was 168 lbs, and the May weekly weights which were stable at 160.2 lbs had not flagged the resident for significant weight loss. The DHS stated had not had a June weekly weight performed yet, prior to the 06/04/15 weight obtained for the Surveyor. In addition, the DHS reported Resident #3 body mass index (BMI) was still higher than normal,	F 325		
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NAME OF PROVIDER OR SUPPLIER  CEDAR RIDGE HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP CODE 1217 US HIGHWAY 62 E CYNTHIANA, KY 41031		
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F 325	Continued From page 15 and therefore, the level of care changes did not flag the resident for further interventions.  Interview, on 06/05/15 at 6:07 PM, with Resident #3's Physician revealed the resident was at risk for weight loss due to Dementia which caused fluctuations in eating and was a leading cause of weight loss. The Physician revealed when Resident #3 was hospitalized, the hospital staff did not think Remeron was appropriate for the resident and had discontinued the medication. Per interview, it was really a "loss of the coin" to know if it had benefited Resident #3. The Physician revealed someone had dropped the ball by not adding the fortified Mighty Shakes upon Resident #3's re-admission in April. Continued interview revealed he was not concerned Resident #3 had experienced a six (6) month weight loss of 10%, based on the May weights. Per the Physician, this was because Resident #3 remained above his/her ideal body weight, was eating well now and getting more than needed, looked good and was not malnourished. However, the Physician reported if Resident #3 had continued to experience weight loss it would have been a concern.  Interview, on 06/04/15 at 8:09 PM, with the Executive Director (ED) revealed she hoped all interventions ordered by the Physician were always followed. Per the ED, however, if fortified foods were not being provided for Resident #3, the facility was not following the Physician's Order for the resident's diet.	F 325			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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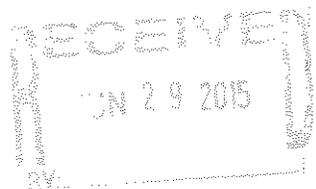
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185145	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - CEDAR RIDGE HEALTH CAMPUS  B. WING _____	(X3) DATE SURVEY COMPLETED  06/02/2015
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NAME OF PROVIDER OR SUPPLIER  CEDAR RIDGE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1217 US HIGHWAY 62 E CYNTHIANA, KY 41031
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K 000	INITIAL COMMENTS  CFR: 42 CFR 483.70 (a)  BUILDING: 01  PLAN APPROVAL: 2004 Addition 6/16/2010  SURVEY UNDER: 2000 New  FACILITY TYPE: SNF/NF  TYPE OF STRUCTURE: One (1) story, Type III (211) Protected  SMOKE COMPARTMENTS: Fourteen (14) smoke compartments.  COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM (Original Installation)  FULLY SPRINKLED, SUPERVISED DRY SYSTEM (Original Installation)  EMERGENCY POWER: Type II Diesel Generator. (Original Installation)  A Standard Life Safety Code Survey using (2786S Short Form) was initiated and concluded on 06/02/15. The facility was found to be in compliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq (Life Safety from Fire). The facility is licensed for fifty-three (53) beds with a census of forty-one (41) on the day of the survey.	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *James P. [Signature]* NHA TITLE: Ex. Dir (X6) DATE: 6/26/15

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.