

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375568	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2022
NAME OF PROVIDER OR SUPPLIER Maplewood Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6202 East 61st Street Tulsa, OK 74136	

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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>41809</p> <p>Based on record review and interview the facility failed to provide a comprehensive care plan for one (#3) of five residents sampled for weight loss.</p> <p>The assistant administrator identified 112 residents resided in the facility.</p> <p>Findings:</p> <p>Resident #3 was admitted to the facility with diagnoses that included hemiplegia, contracture of the right hand and wrist and anxiety.</p> <p>A review of Resident #3 weight records contained one weight on 10/30/20 and no weights for the</p> <p>The resident's care plan, revised date 11/04/21, documented the resident had an approach of: resident is noncompliant with letting staff obtain monthly weights or PRN weights.</p> <p>The care plan did not address the resident's refusal of food or any weight loss. The care plan did not address the orders for fortified lunch and dinner, it did not address the resident's order for snacks or house supplements.</p> <p>Where is the order for fortified foods? Did you have any documentation for refusal of food?</p> <p>The resident clinical record documented one weight on 05/05/22 of 86.9 pounds. It documented the next previous weight on 10/30/20 of 119.5 pounds. There was no documentation of the resident reusing weights in 2021 and 2022.</p> <p>On 05/12/22 at 12:30 p.m., CMA #1 was asked if she had been invited to a care plan meeting for Resident #3. The CMA stated no one had asked them anything about the resident. The CMA stated they had been taking care of the resident since the resident arrived in 2018. The CMA stated the resident had refused two out of three meals every day.</p> <p>A Physician's Order, dated 12/17/19, documented the resident to receive a high protein/calorie snack every day at 2:00 p.m.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Physician's Order, dated 07/09/20, documented the resident to receive a house supplement of 90 ml four times a day between meals.</p> <p>A Physician's Order, dated 11/13/20, documented the resident was to receive a regular fortified diet for lunch and dinner. The resident was to be up in a wheelchair or at 90 degrees for all by mouth intake. (these need to be added to the deficiency this is what is missing. Did you have an interview that these interventions should have been on the care plan?</p> <p>Did you interview anyone about the care plan not having the interventions?</p>

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<p>F 0692</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41809</p> <p>On 05/12/22 at 5:40 p.m., an Immediate Jeopardy (IJ) was verified with the Oklahoma State Department of Health (OSDH) regarding the facility's failure to identify, implement, monitor, and modify interventions to prevent a severe weight loss. Resident #3 experienced a severe weight loss of 25% and the facility failed to monitor weights, address meal refusals and implement interventions.</p> <p>At 5:55 p.m., the facility's administrator, assistant administrator, and DON was made aware of the IJ situation related to the facility's failure to prevent severe weight loss. A plan of removal of the IJ situation was requested.</p> <p>On 05/12/22 at 7:49 p.m., the administrator provided an acceptable plan of removal.</p> <p>The plan of removal documented, Plan of Removal</p> <p>Please accept this Plan of Removal as a credible allegation of compliance for immediate jeopardy initiated on May 12th, 2022 for neglecting to obtain weights for residents and provide proper nutritional intervention.</p> <p>1. Action: To ensure identification of weight loss and risk for weight loss, center licensed nursing staff conducted and documented an audit of all center residents current weight and reviewed with IDT to include registered dietician. If new weight loss is noted during weekly or monthly weights, the attending physician, registered dietician, and nursing management will be notified to obtain orders as indicated and a change of care plan will be initiated. Actual weight loss and potential risk factors will be care planned to meet individual resident needs.</p> <p>Completion Timeline: Beginning May 12th, 2022 and ending May 13th, 2022.</p> <p>Responsible: Licensed Nurses/DON/RNM/RD</p> <p>2. Action: Nursing Administration to conduct education with licensed nursing staff regarding: 1) Notification of nursing management upon identification of resident change in weight to include. 2) Inspection and documentation of weekly weights times 4 weeks upon admission, as recommended by RD/IDT, and monthly weights for all stable residents. Beginning May 12th, 2022 licensed nurses (agency, PRN, new hires) who have not received the above stated education will be educated by Nursing Administration prior to providing resident direct care.</p> <p>Completion Timeline: Beginning May 12th, 2022 and ending May 13th, 2022.</p> <p>Responsible: [name removed], RN, Regional Nursing Manager; [name removed], RN, Director of Nursing</p> <p>3. Action: Nursing Administration to conduct education with certified/temporary nursing assistants regarding notification of charge nurse upon identification of resident change in weight and/or meal intake percentage. Beginning May 12th 2022, certified/temporary nursing assistants (agency, PRN, new hires) who have not received the above stated education will be educated by Nursing Administration prior to providing resident direct care.</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Completion Timeline: Beginning May 12th, 2022 and ending May 13th, 2022.</p> <p>Responsible: [name removed], RN, Regional Nursing Manager; [name removed], RN, Director of Nursing</p> <p>4. Nursing Administration began auditing the electronic medical record of each resident to ensure weekly/monthly weights are scheduled to be performed by a licensed nurse.</p> <p>Completion Timeline: Beginning May 12th, 2022 and ending May 13th, 2022.</p> <p>Responsible: [name removed], RN, Regional Nursing Manager; [name removed], RN, Director of Nursing</p> <p>5. Action: Beginning on May 12, 2022 and for the next 30 days, the Director of Nursing will utilize the Daily Clinical Meeting Process to validate charge nurse compliance with inspection, notification, and documentation of resident weights which are to be conducted upon admission and weekly and/or monthly thereafter. QAPI Committee will be notified of identified non-compliance. QAPI Committee will develop a Performance Improvement Plan to address identified non-compliance to include staff education and/or disciplinary action.</p> <p>Completion Timeline: Beginning May 12th, 2022 and ending May 13th, 2022.</p> <p>Responsible: Administrator, Assistant Administrator, and Director of Nursing</p> <p>Action: Beginning on May 12, 2022 a significant change assessment was opened for resident.</p> <p>Completion timeline: Opened May 12, 2022 with completion in seven days.</p> <p>Responsible: MDS coordinator, Director of nursing</p> <p>Action: Resident care plan update to reflect interventions on May 12th, 2022, to reflect current status. To include weekly weights. Weight on 5/5/22 was 86.9 pounds, weight on 5/12/22 is 90 pounds. RD to assess additional supplements. Current supplements include fortified foods and a high protein calorie snack at 2pm.</p> <p>Completion timeline: Updated May 12, 2022.</p> <p>Responsible: MDS coordinator, Director of nursing</p> <p>Action: Labs ordered on May 12th, 2022</p> <p>Completion timeline: Ordered on May 12th, 2022, to be drawn May 13th, 2022</p> <p>Responsible: Director of Nursing, Physician</p> <p>Action: Change of Condition was completed on May 12, 2022. Change of condition notification includes the physician.</p> <p>Completion timeline: May 12th,2022</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Responsible: Administrator, Director of Nursing.</p> <p>Action: QAPI meeting with physician and IDT will be completed 5/12/22</p> <p>Completion timeline: May 12th, 2022</p> <p>Responsible: Administrator, Director of Nursing</p> <p>On 05/16/22, interviews were conducted with a total of eleven employees who worked different shifts. The employees verified they had been in-serviced regarding the components documented in the plan of removal and that they understood the information provided.</p> <p>On 05/16/22 at 10:30 a.m., the administrator was informed the IJ had been removed as of 05/13/22 at 8:35 p. m. The deficient practice remained at a level of actual harm, isolated.</p> <p>Based on record review, observation, and interview, the facility failed to assess, monitor, and intervene for one (#3) of five residents sampled for weight loss. This resulted in the resident having a severe weight loss of 25%.</p> <p>The assistant administrator identified six residents with significant weight loss.</p> <p>Findings:</p> <p>Resident #3 was admitted to the facility on [DATE] with diagnoses that included hemiplegia and contracture of the right hand and wrist. On admission the resident was documented to weigh 112 pounds, with a resident stated baseline of 117 pounds.</p> <p>A review of Resident #3's physician orders revealed no orders for hospice to evaluate and treat.</p> <p>A review of the weight records for Resident #3 had no documented weights for 2021. Multiple weights were documented for 2020, the last weight in 2020 was documented on 10/20/20 as 119.5 pounds, with an average weight for 2020 as 108.27 pounds, and only one weight in 2022. The documented weight on 05/05/22 was 86.9 pounds.</p> <p>A Physician's Order, dated 12/17/19, documented Resident #3 was to receive a high protein/calorie snack every day at 2:00 p.m. No documentation was found or provided that this order was monitored by the facility.</p> <p>A Physician's Order, dated 12/17/19, documented Resident #3 was to have labs obtained for CBC, CMP, Chem 14, Lipid panel, and TSH once a day on the 11th of June and December. No lab results were in the electronic record and no labs were provided by the facility before the end of the survey.</p> <p>A Physician's Order, dated 07/09/20, documented Resident #3 was to receive a house supplement of 90 ml four times a day between meals. No documentation was found or provided that this order was monitored by the facility.</p> <p>A Physician's Order, dated 11/13/20, documented Resident #3 was to receive a regular fortified diet for lunch and dinner and was to be up in a wheelchair or at 90 degrees for all intake.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Resident #3's care plan, dated 10/19/21 and last reviewed 11/04/21, documented an approach as the resident is noncompliant with letting staff obtain monthly weights or PRN weights. The care plan did not address any new physician orders or interventions for weight loss.</p> <p>A Medical Nutrition Therapy Assessment for Skilled Nursing Facilities, dated 05/03/22, completed by the dietician, documented Resident #3's intake of meals as refused 76%-100% of the time. Resident #3's intake of supplements was documented as 0%.</p> <p>On 05/12/22 at 11:53 a.m., Resident #3 was observed to be very thin and frail, with dry, flaky skin. The resident stated meals were provided but the staff either do not wake them or food was cold and unappealing. When attempts to request alternative meals were made, staff told them it had to be ordered by a certain time. Resident #3 stated meals were refused as well as oral supplements because they were rotten or spoiled. Resident #3 stated he did not receive a 2:00 p.m. snack each day.</p> <p>On 05/12/22 at 12:30 p.m., CMA #1 was asked how long they had provided care to Resident #3. The CMA stated several years. The CMA was asked if Resident #3 had refused meals. The CMA stated yes, Resident #3 refused two out of three meals a day and his supplements. The CMA stated Resident #3's niece will occasionally bring food for the resident. CMA #1 was asked who obtained resident weights. The CMA stated the CNAs because the facility no longer had a restorative aide.</p> <p>On 05/12/22 at 1:18 p.m., Resident #3 received an afternoon meal tray, the resident was in bed with eyes closed and the light off. No supplements were observed to be given to the resident.</p> <p>On 05/12/22 at 1:30 p.m., an attempt was made to speak to the dietary manager. The dietary manager stated they were too busy to answer questions. A meeting was requested after the meal was completed. The dietary manager did not attend.</p> <p>On 05/12/22 at 3:18 p.m., the DON was asked how weights were monitored. The DON stated they took over the weights and had received this month's weights but did not have baseline weights. The DON was asked what was done when a resident had a severe weight loss. The DON stated, the doctor should be notified, an albumin lab obtained, and the resident started on protein shakes. The DON was asked if resident #3 had a severe weight loss. The DON stated yes. The DON was asked if new interventions were started when the current weight was received. The DON stated nothing new was added, only a protein supplement drink was discontinued. The DON stated the physician was not notified of the weight loss for Resident #3 and should have been. The DON was asked if a significant change assessment or change in condition had been completed. The DON stated no, but should have been.</p>		