

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 403330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/10/2023
NAME OF PROVIDER OR SUPPLIER HARBOUR VIEW SENIOR LIVING CORP		STREET ADDRESS, CITY, STATE, ZIP CODE 3161 KENNEDY BOULEVARD NORTH BERGEN, NJ 07047		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Initial Comments: COMPLAINT #: NJ00163638 CENSUS: 76 SAMPLE SIZE: 4 The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

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

TITLE

(X6) DATE

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint: NJ00163638</p> <p>Based on interview and record view it was determined the facility administer failed to ensure the development, implementation and enforcement of all policies and procedures.</p> <p>The facility failed to provide a policy and procedure related to the temperature of the hot water used for bathing and handwashing shall be at least 105 degrees and shall not exceed 120 degrees Fahrenheit. The facility also failed to provide a policy and procedure related to weight changes and dietary assessments. This was evidenced by:</p> <p>On 5/9/2023 at 12:53 p.m., the surveyor, Executive Director and Regional Executive Director checked water temperatures in two resident rooms which measured at 91 degrees Fahrenheit and 71 degrees Fahrenheit. On 5/10/2023 at 3:54 p.m., the Executive Director stated that the facility did not have a policy for water temperatures.</p> <p>The surveyor was provided with facility documents which revealed NJ ex order 26.4b1 for Resident #3 and Resident #4. The surveyor noted NJ ex order 26.4b1 for Resident #3 [REDACTED] The Executive Director stated that the facility did not have a policy regarding dietary assessments and weight changes at the time of the survey.</p> <p>On 5/11/2023, the surveyor received a post</p>	A 310			

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A 310	Continued From page 2 survey email from the Executive Director who documented the following regarding water temperature: "If a resident complains of not having hot water, our basic protocol includes placing a Work Order in for Maintenance to address the issue. During this time our residents have access to public shower rooms or bathrooms in other areas of our facility." In the same email as above this was written regarding a policy for changes in resident weight: "POLICY ON WEIGHT LOSS/GAIN We follow Federal, State and Local regulations on resident weight loss and gain" This email was sent as a PDF with other post survey documents. The attachment was not on facility letterhead, nor was it signed by a member of facility administration.	A 310		
A 537	8:36-5.7(a)(1) General Requirements (a) A policy and procedure manual(s) for the organization and operation of the facility or program shall be developed, implemented, and reviewed at least annually. Each review of the manual(s) shall be documented, and the manual(s) shall be available in the facility or program to representatives of the Department at all times. The manual(s) shall include at least the following: 1. An organizational chart delineating the lines of authority, responsibility, and accountability for the administration and resident care services of the facility or program;	A 537		

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A 537	Continued From page 3 This REQUIREMENT is not met as evidenced by: Complaint: NJ00163638 Based on interview and review of facility documents, it was determined that the facility failed to develop, implement and review at least annually a policy and procedure regarding water temperatures as it pertains to lines of authority, responsibility and accountability for administration and resident care services of the facility. This was evidenced by: On 5/10/2023 at 3:54 p.m., the ED stated that the facility was not required to have a policy or procedure regarding hot water. The facility was unable to provide the requested document at time of the survey.	A 537			
A 749	8:36-7.3(a) Resident Assessments and Care Plans (a) The resident general service plan shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status. This REQUIREMENT is not met as evidenced by: Complaint #:NJ00163638	A 749			

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A 749	<p>Continued From page 4</p> <p>Based on interview and record review it was determined that the facility failed to ensure that the service plan was revised and implemented for 3 of 4 residents, Resident #2, Resident #3, and Resident #4. This deficient practice was evidenced by the following:</p> <p>The surveyor reviewed Resident #2's medical record which revealed that Resident #2 had a move in date of [REDACTED] with diagnoses which [REDACTED] NJ ex order 26.4b1. Resident #2's undated service plan revealed that Resident #2 [REDACTED] NJ ex order 26.4b1 [REDACTED].</p> <p>The surveyor reviewed Resident #3's medical record which revealed Resident #3 had a move in date of [REDACTED] with diagnoses which included type 2 [REDACTED] NJ ex order 26.4b1 [REDACTED]. Resident #3's undated service plan revealed that Resident #3 [REDACTED] NJ ex order 26.4b1 [REDACTED].</p> <p>The surveyor reviewed Resident #4's medical record which revealed that Resident #4 had a move in date of [REDACTED] with diagnoses which included [REDACTED] NJ Ex Order 26.4b1 [REDACTED] NJ ex order 26.4b1. Resident #4's undated service plan revealed that Resident #4 [REDACTED] NJ ex order 26.4b1 [REDACTED].</p> <p>On 5/24/2023, the surveyor received a post survey email from the Executive Director who documented the service for Resident #2 was completed on [REDACTED] NJ ex order 26.4b1. Resident 3's service plan was completed [REDACTED] NJ ex order 26.4b1 [REDACTED].</p> <p>On 5/26/2023 at 2:43 p.m., the surveyor</p>	A 749			

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A 749	Continued From page 5 conducted a telephone interview with the facility's Director of Nursing who stated the service plans should be reviewed every 6 months. The facility was unable to provide the surveyor with a facility policy and procedure regarding assessments at the time of the survey. On 5/30/2022, the surveyor received a post survey email from the Executive Director who documented the service plan for Resident #4 was completed on NJ ex order 26.461	A 749		
A 887	8:36-10.4(a)(1) Dining Services (a) If indicated, according to residents' needs, a dietitian shall be responsible for providing resident care, including, but not limited to, the following: 1. Assessing the nutritional needs of the resident. If indicated, preparing the dietary portion of the health care plan on the basis of the assessment, providing dietary services to the resident as specified in the dietary portion of the health plan, reassessing the resident, and revising the dietary portion of the health care plan. Each of these activities shall be documented in the resident's record; This REQUIREMENT is not met as evidenced by: Complaint: NJ00163638 Based on interview and record review it was determined that the facility failed to ensure that a	A 887		

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A 887	<p>Continued From page 6</p> <p>Registered Dietician (RD) conducted nutritional assessments and assess dietary needs for residents that had a NJ Ex Order 26.4b1 for Resident #3 and Resident #4. This deficient practice was evidenced by the following:</p> <p>The surveyor reviewed Resident #3's medical record which revealed that Resident #3 had a move in date of NJ ex order 26.4b1 with diagnoses which included NJ ex order 26.4b1</p> <p>Review of Resident #3's NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1 This was a NJ ex order 26.4b1 The NJ ex order 26.4b1 Resident #3's NJ ex order 26.4b1.</p> <p>The surveyor reviewed Resident #4's medical record which revealed that Resident #4 NJ ex order 26.4b1</p> <p>Resident #4's NJ ex order 26.4b1</p> <p>On 5/11/2023, the Executive Director sent a post survey email. The email included the "Event Note" for Resident #4 that was created on NJ ex order 26.4b1 at 6:12 p.m., with an effective date of NJ ex order 26.4b1 at 6:05 p.m., which was created by Resident #4's physician. The note indicated that Resident #4 NJ ex order 26.4b1</p> <p>The physician wrote</p>	A 887		

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A 887	<p>Continued From page 7</p> <p>NJ ex order 26.4b1</p> <p>"Progress Note" was created on <small>NJ ex order 26.4b1</small> at 5:17 p.m., with an effective date of <small>NJ ex order 26.4b1</small> at 11:11 a.m., which was created by the Director of Nursing for Assisted Living. The note revealed that Resident #4 NJ ex order 26.4b1</p> <p>On 5/11/2023 (post survey) at 5:05p.m., the facility sent the surveyor an email that included a document titled "Monthly Physician Progress Note" dated <small>NJ ex order 26.4b1</small> which indicated the <small>NJ Ex Order 26.4b1</small> for the Resident #4 NJ ex order 26.4b1.</p> <p>The facility was unable to provide dietary/ nutritional documentation that the Registered Dietician had seen any of the residents in the facility since her hire date in NJ ex order 26.4b1.</p> <p>Review of the titled "Job Description" for the Registered Dietician revealed that:</p> <p>"The primary purpose of your job position in conjunction with the Food Service Director is to plan, organize, and develop the overall operation of the Dietary Department in accordance with current federal, state and local standards, guidelines and regulations governing our facility, and as may be directed by the Administration to assure that quality nutritional services are provided on a daily basis and that the dietary department is maintained in a clean, safe and sanitary manner ..."</p> <p>" ...Part 1: Job Responsibilities ...8. Review and revise care plans and</p>	A 887		

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A 887	Continued From page 8 assessments as necessary, but at least quarterly. ...25. Ensure that charted dietary program notes are informative and descriptive of the services provided and of the resident's response to the service ..." The dietician failed to revise care plans for Resident #3 and Resident #4 and failed to ensure that charted notes were informative and descriptive to the services provided and the resident's response to the service.	A 887		
A 889	8:36-10.4(a)(2) Dining Services (a) If indicated, according to residents' needs, a dietitian shall be responsible for providing resident care, including, but not limited to, the following: 2. Providing nutritional counseling and education to residents. This REQUIREMENT is not met as evidenced by: Complaint: NJ00163638 Based on interview and record review, it was determined that the Registered Dietician (RD) failed to provide nutritional counseling and education to two residents who had a [REDACTED] NJ Ex Order 26,461 [REDACTED] Resident #3, and Resident #4. The deficient practice was evidenced by the following: The surveyor reviewed Resident #3's medical record which included a facility document titled	A 889		

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A 889	<p>Continued From page 9</p> <p>"Weights and Vitals Summary" dated [REDACTED] NJ ex order 26.4b1 which revealed that Resident #3 [REDACTED] NJ ex order 26.4b1. Resident #3's medical record failed to contain documentation that the RD provided nutritional counseling and education.</p> <p>On 5/11/2023, the surveyor reviewed Resident #4's medical record which contained a document titled "Weights and Vitals Summary" which contained the weights for Resident #4 from [REDACTED] NJ ex order 26.4b1. The [REDACTED] NJ ex order 26.4b1 Resident #4's physician documented that the [REDACTED] NJ ex order 26.4b1 was desirable, however the facility failed to produce any documentation that the RD provided nutritional counseling and education.</p> <p>On 5/10/2023 at 12:39 p.m., the surveyor conducted a telephone interview with the facility's RD who revealed that she had conversations with the Licensed Practical Nurse (LPN) monthly regarding changes in residents' weights. The dietician revealed that she does not document in the resident's charts as the conversations were verbal. The dietician confirmed that she had not provided counseling or education regarding recommendations, needs or restrictions for any of the residents at the facility since her hire date in [REDACTED] NJ ex order 26.4b1.</p> <p>On 5/10/2023 at 11:29 a.m., the surveyor conducted an interview with the facility's LPN and Infection Preventionist. The LPN stated that the weights were done monthly and reviewed between the LPN and the dietician. The Infection Preventionist also stated that changes in weight were discussed at the facility's Quality Assurance and Performance Improvement (QAPI) meetings. The facility failed to provide the surveyor with</p>	A 889			

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A 889	Continued From page 10 documentation from QAPI meetings.	A 889		
A1243	8:36-17.6(b) Housekeeping-Sanitation-Safety-Maintenance (b) The temperature of the hot water used for bathing and handwashing shall be at least 105 degrees and shall not exceed 120 degrees Fahrenheit. This REQUIREMENT is not met as evidenced by: Complaint: NJ00163638 Based on observation, interview, and record review, the facility failed to ensure the water temperature for resident bathing and handwashing was between 105 degrees and 120 degrees Fahrenheit. This deficient practice was evidenced by: On 5/10/2023 at 3:06 p.m., the Executive Director (ED) stated that on [NJ ex order 26.4b1] the facility administration was made aware of an issue with the boiler. The facility administration identified that there were approximately 15 residents without hot water on [NJ ex order 26.4b1]. The facility provided a notice that was sent out to resident families on [NJ ex order 26.4b1] and [NJ ex order 26.4b1], the notice stated that there was a temporary hot water interruption in a few of the resident rooms and that families would be notified when the hot water was back up and running. The facility failed to provide documented evidence that a letter was	A1243		

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A1243	<p>Continued From page 11</p> <p>sent to the residents' families when the hot water was repaired.</p> <p>Review of the facility document titled "Water Temp [temperature]. Logs" for NJ ex order 26.4b1, NJ ex order 26.4b1 showed that on all the aforementioned dates, the water temperatures in various rooms were out of range. The water temperatures on NJ ex order 26.4b1 ranged from 45 degrees Fahrenheit to 118 degrees Fahrenheit. On NJ ex order 26.4b1 water temperatures ranged from 95 degrees Fahrenheit to 112 degrees Fahrenheit. On NJ ex order 26.4b1 water temperatures ranged from 100 degrees Fahrenheit to 110 degrees Fahrenheit. On NJ ex order 26.4b1 water temperatures ranged from 98 degrees Fahrenheit to 110 degrees Fahrenheit. On NJ ex order 26.4b1 water temperatures ranged from 98 degrees Fahrenheit to 110 degrees Fahrenheit. During that time, the facility residents were able to shower in the main building or the skilled nursing facility.</p> <p>On 5/10/2023 at 12:50 p.m., the surveyor, ED and Regional Executive Director checked water temperatures in two resident rooms effected by the boiler issue on NJ ex order 26.4b1. One resident's water temperature was 91 degrees Fahrenheit. Another resident's water temperature was 71 degrees Fahrenheit.</p> <p>On 5/11/2023 the ED sent a post survey email. The email included the "Maintenance Department Daily Work Schedule" dated NJ ex order 26.4b1. The document indicated that the maintenance department was to fix cold water in assisted living and follow up with the contracted plumbing company. The facility failed to provide documentation that the contracted plumbing company was at the facility on NJ ex order 26.4b1 or</p>	A1243			

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A1243	Continued From page 12 NJ ex order 26.4b1. The facility provided a description of work/ invoice from the contracted plumbing company. The description of work/ invoice was dated NJ ex order 26.4b1.	A1243			



Hudson Hills Senior Living, LLC

Facility ID 403330

Survey date 5/10/2023

A887

ELEMENT ONE: CORRECTIVE ACTION:

The dietician and MD evaluated resident # 3 regarding a [REDACTED] NJ Ex Order 26.4b1 where it was determined no intervention was warranted, and dietician educated resident on dietary needs and food choices.

The dietician and MD re-evaluated resident #4 for [REDACTED] NJ Ex Order 26.4b1 where it was determined the [REDACTED] NJ Ex Order 26.4b1 was a planned [REDACTED] NJ Ex Order 26.4b1 by the resident. The dietician educated resident #4 on health plan.

The dietician was immediately re-educated on assessing and documenting on any resident that requires a dietician evaluation based on MD recommendation.

The facility adopted a weight management procedure of printing out weight report on or about the 15th of the month and reviews any weight change with MD who then makes a referral if indicated.

ELEMENT TWO: IDENTIFICATION OF AT RISK RESIDENTS:

All residents have the potential to be affected.

An audit was performed on 6/9/2023 by the DON on all ASL residents to identify any residents with a significant weight gain/loss and to determine with MD if any residents required dietary intervention. Service/health plan updated if indicated.

ELEMENT THREE: SYSTEMIC CHANGES:

The facility adopted a weight management procedure of printing out weight report on or about the 15th of the month and reviews any weight change with MD who then makes a referral if indicated.

The facility re-educated staff on weight procedures to ensure residents of the assisted living facility weights continue to be monitored and service plan updated if indicated.

The dietician was re-educated on assessing and documenting on any resident that requires a dietician evaluation based on MD recommendation.



ELEMENT FOUR: QUALITY ASSURANCE:

The DON/designee will audit all residents' weights for last 3 months and will review with MD to monitor/treat weight changes initially if applicable, then monthly will review all weights for changes and interventions if indicated. Monthly monitoring will continue by the DON/designee with findings immediately acted upon as necessary, and results of audits reported to the QA committee for review and action as warranted.

DATE OF COMPLIANCE : 5/12/23



Facility ID 403330

Survey date 5/10/2023

A889

ELEMENT ONE: CORRECTIVE ACTION:

The dietician and MD evaluated resident # 3 regarding a **NJ Ex Order 26.4b1** where it was determined no intervention was warranted, and dietician educated resident on dietary needs and food choices.

The dietician and MD re-evaluated resident #4 for **NJ Ex Order 26.4b1** where it was determined the **NJ Ex Order 26.4b1** was a planned **NJ Ex Order 26.4b1** by the resident. The dietician educated resident #4 on health plan.

The dietician was immediately re-educated on assessing and documenting on any resident that requires a dietician evaluation based on MD recommendation.

The facility adopted a weight management procedure of printing out weight report on or about the 15th of the month and reviews any weight change with MD who then makes a referral if indicated.

ELEMENT TWO: IDENTIFICATION OF AT RISK RESIDENTS:

All residents have the potential to be affected.

An audit was performed on 6/9/2023 by the DON of all ASL residents to identify any residents with a significant weight gain/loss and to determine with MD if any residents required dietary intervention. Service/health plan updated if indicated.

ELEMENT THREE: SYSTEMIC CHANGES:

The facility adopted a weight management procedure of printing out weight report on or about the 15th of the month and reviews any weight change with MD who then makes a referral if indicated.

The facility re-educated staff on weight procedures to ensure residents of the assisted living facility weights continue to be monitored and service/health plan updated if indicated.

The dietician was re-educated on assessing and documenting on any resident that requires a dietician evaluation based on MD recommendation.

ELEMENT FOUR: QUALITY ASSURANCE:

The DON/designee will audit all residents' weight for last 3 months and will review with MD to monitor/treat weight changes initially if applicable, then monthly the DON/designee will review all weights for changes and interventions if indicated. Monthly monitoring will continue with findings immediately acted upon as necessary, and results of audits reported to the QA committee for review and action as warranted.

DATE OF COMPLIANCE : 5/12/23



Hudson Hills Senior Living, LLC

Facility ID 403330

Survey date 5/10/2023

A537

ELEMENT ONE: CORRECTIVE ACTION

On 5/12/2023 Administrator created specific policies relating to water temperatures.

ELEMENT TWO: IDENTIFICATION OF AT RISK RESIDENTS:

All residents have the potential to be affected.

On 5/12/2023 Administrator was re-educated on the components of this regulation with emphasis on policy relating to water temperature.

ELEMENT THREE: SYSTEMIC CHANGES

On 5/12/2023 Administrator and maintenance , was re-educated on the components of this regulation with emphasis on policies relating to water temperature.

ELEMENT FOUR: QUALITY ASSURANCE:

Administrator / Designee to audit at random times weekly x4 them monthly thereafter to assure water temperature policy is being utilized . Findings to be reported monthly to the QA committee for review and action as necessary.

COMPLETION DATE : 5/12/2023



Hudson Hills Senior Living, LLC

Facility ID 403330

Survey date 5/10/2023

A310

ELEMENT ONE: CORRECTIVE ACTION

The dietician and MD evaluated resident # 3 regarding a [NJ Ex Order 26.4b1] where it was determined no intervention was warranted, and dietician educated resident on dietary needs and food choices.

The dietician and MD re-evaluated resident #4 for [NJ Ex Order 26.4b1] where it was determined the [NJ Ex Order 26.4b1] was a planned [NJ Ex Order 26.4b1] by the resident. The dietician educated resident #4 on health plan.

The dietician was immediately re-educated on assessing and documenting on any resident that requires a dietician evaluation based on MD recommendation.

The facility adopted a weight management procedure of printing out weight report on or about the 15th of the month and reviews any weight change with MD who then makes a referral if indicated for which staff, administrator and dietician were in-serviced.

On 5/12/2023 Administrator created specific policies relating to water temperatures and weight loss and staff including maintenance , housekeeping, dietary and nursing were in-serviced.

ELEMENT TWO: IDENTIFICATION OF AT RISK RESIDENTS

All residents have the potential to be affected.

On 5/12/2023 Administrator was re-educated on the components of this regulation with emphasis on policies relating to water temperatures.

The facility adopted a weight management procedure of printing out weight report on or about the 15th of the month and reviews any weight change with MD who then makes a referral if indicated.

ELEMENT THREE: SYSTEMIC CHANGES:

The dietician was immediately re-educated on assessing and documenting on any resident that requires a dietician evaluation based on MD recommendation.

The facility adopted a weight management procedure of printing out weight report on or about the 15th of the month and reviews any weight change with MD who then makes a referral if indicated for which staff, administrator and dietician were in-serviced.

On 5/12/2023 Administrator created specific policies relating to water temperatures and weight loss and staff, including Administration, maintenance, housekeeping, dietary and nursing were in-serviced.

On 5/12/2023 Administrator was re-educated on the components of this regulation with emphasis on policies relating to water temperatures and weight management.

ELEMENT FOUR: QUALITY ASSURANCE: Administrator / Designee to audit at random times, water and weight loss policy to assure that they are current, and update as needed, with findings reported monthly to the QA team for review and revision as necessary.

COMPLETION DATE : 5/12/2023



Hudson Hills Senior Living, LLC

Facility ID 403330

Survey date 5/10/2023

A749

ELEMENT ONE: CORRECTIVE ACTION:

Resident #2 initial service/health plan was initiated [redacted] reviewed and revised on [redacted] reviewed [redacted] with no revisions indicated. Reviewed [redacted] with no revisions indicated, revised [redacted] reviewed [redacted] with no revisions indicated and revised [redacted] Resident discharged home [redacted]

Resident #3 was admitted on [redacted] and the service/health plan was initiated [redacted] The service/health plan was reviewed [redacted] with no revisions to service/health plan indicated. The semi-annual assessment was completed on [redacted] with no changes to the service/health plan indicated.

Resident #4 initial service/health plan was initiated on [redacted] The service /health plan was reviewed [redacted] with no revision indicated. The semi-annual assessment was completed [redacted] with no changes to the service/health plan indicated.

The dietician was immediately re-educated on assessing and documenting on any resident that requires a dietician evaluation based on MD recommendation.

The facility adopted a weight management procedure of printing out weight report on or about the 15th of the month and reviews any weight change with MD who then makes a referral if indicated.

ELEMENT TWO: IDENTIFICATION OF AT RISK RESIDENTS:

All residents have the potential to be affected. An audit was performed on 6/9/2023 by the DON of all ASL residents to identify, and review with MD any residents with a significant weight gain/loss and to determine any residents that required dietary intervention. Service/health plan updated if indicated.

ELEMENT THREE: SYSTEMIC CHANGES:

The facility adopted a weight management procedure of printing out weight report on or about the 15th of the month and reviews any weight change with MD who then makes a referral if indicated.

The facility re-educated staff on weight procedures to ensure residents of the assisted living facility weights continue to be monitored and service/health plan updated if indicated.

The dietician was re-educated on assessing and documenting on any resident that requires a dietician evaluation based on MD recommendation.

ELEMENT FOUR: QUALITY ASSURANCE:

The DON/designee will audit all residents' weight for last 3 months and will review with MD to monitor/treat weight changes initially if applicable, then monthly will review all weights for changes and interventions if indicated. Monthly monitoring will continue by the DON/designee with findings immediately acted upon as necessary, and results of audits reported to the QA committee for review and action as warranted.

DATE OF COMPLIANCE: 5/12/23