STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175174	A. BUILDING _____ B. WING _____	09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWLARK HILLS	2121 MEADOWLARK ROAD MANHATTAN, KS 66502

(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) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint Investigation #137193.	F 000		
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: The facility had a census of 116 residents. The sample included 24 residents. Based on observation, record review, and interview, the facility failed to provide adequate fluids and monitor hydration status for Resident (R) 317, with a physician ordered 1,500 milliliters (ml) fluid restriction.	F 692		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 09/10/2019

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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F 692	Continued From page 1	F 692		

Findings Included:

- R317's "Physician's Order Sheet", dated 09/05/19, documented diagnoses of atrial fibrillation (irregular heart beat), aortic valve regurgitation (return of blood through a valve in the heart), heart failure (a condition with low heart output and the body becomes congested with fluid), chronic kidney disease Stage IV (advanced kidney damage with decrease in function), chronic obstructive pulmonary disease (COPD) (progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), and blood pooling in the veins.

The "Physician's Order", dated 09/01/19, instructed staff to limit the resident's fluid intake to 1,500 ml per 24 hours.

The admission "Minimum Data Set" was not completed.

The admission interim plan of care, dated 09/01/19, lacked staff instruction for the resident's 1,500 ml fluid restriction.

On 09/05/19, review of "Point of Care" (POC) (electronic documentation of daily care) documented the following fluid intakes for R317:

08/23/19 at 10:20 AM - 640 ml
08/23/19 at 01:48 PM - 340 ml
08/24/19 at 09:25 AM - 490 ml
08/24/19 at 01:02 PM - 900 ml
08/25/19 at 08:35 AM - 400 ml
08/25/19 at 01:28 PM - 740 ml
08/26/19 at 08:45 AM - 550 ml
08/26/19 at 02:10 PM - 250 ml

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F 692	Continued From page 2	F 692		

08/27/19 at 11:24 AM - 240 ml
08/27/19 at 02:19 PM - 250 ml
08/28/19 at 09:39 AM - 250 ml
08/29/19 at 11:26 AM - 200 ml
08/29/19 at 01:36 PM - 550 ml
09/01/19 at 01:50 PM - 200 ml
09/02/19 at 09:36 AM - 650 ml
09/02/19 at 01:14 PM - 300 ml
09/03/19 at 09:30 AM - 180 ml
0903/19 at 01:42 PM - 240 ml

On 09/03/19 at 09:30 AM, observation revealed the resident sat in his recliner with a water pitcher containing 500 ml of water.

On 09/04/19 at 04:30 PM, observation revealed the resident sat in his recliner with a water pitcher containing 300 ml.

On 09/05/19 at 11:52 AM, Licensed Nurse (LN) H, confirmed the lack of documentation in POC of fluid intake per shift, guidelines for staff on fluid intake per meal, and the amount of fluid to remain in the resident's room.

On 09/05/19 at 12:24 PM, Dietary Staff (DS) BB, stated kitchen staff routinely provided approximately 400 ml of fluids to the resident with breakfast and 250 ml with lunch. DS BB confirmed dietary staff lacked guidance for residents on fluid restrictions.

On 09/05/19 at 12:26 PM, Certified Medication Aide (CMA) M stated she routinely provided approximately 250 ml in the resident's water pitcher and documented oral intake for the day shift.

On 09/05/19 at 03:21 PM, LN's G and H

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F 692	Continued From page 3 confirmed the lack of instruction to staff for any type of fluid restriction. LN G stated she had documentation of several fluid restriction guidelines on her desk that needed to be added to resident care plans. On 09/09/19 at 01:53 PM, Administrative Nurse D confirmed the lacked specific guidelines to staff regarding fluid restrictions. The facility's "Hydration Procedure" policy, dated November 2018, documented the facility would obtain physician's orders for fluid intake amount. The policy documented the Interdisciplinary Care Team would use the nutritional assessment and current standards of practice to develop an individualized plan that addressed the resident's specific hydration needs. The facility failed to develop a system to monitor and document R317's physician ordered fluid restriction, placing the resident at risk for a compromised fluid balance.	F 692		