

Resident Name: [REDACTED] (24114)
Description: Nursing home: comprehensive asmt
Location of Doc: CAA WS dated 7/1/2021
comprehensive nutrition evaluation 6/25/21

Status: Accepted

UP Decision: Y
ARD: 06/30/2021
Triggered: Yes

12. Nutritional Status

Triggering conditions [any of the following]

2. Body mass index (BMI) is too low or too high as indicated by:
BMI (BMI) = 18.2206 (18.2206)
6. Mechanically altered diet is used as nutritional approach as indicated by:
Mechanically altered diet while a resident (K0510C2) = Checked (Yes) (1)
7. Therapeutic diet is used as nutritional approach as indicated by:
Therapeutic diet while a resident (K0510D2) = Checked (Yes) (1)

Analysis of Findings

Is this problem/need: Actual

Nature of the problem/condition:

Resident's BMI is 18.2. This outside of the reference range of 18.5 to 24.9. He is on a IDDSI level 6 diet. He is no teeth and his very weak. Has dx celiac disease. So gluten free diet is ordered.

Current eating pattern - resident leaves significant proportion of meals, snacks, and supplements daily for even a few days

- ☐ Food offered or available is not consistent with the resident's food choices/needs
- ☐ Food preferences not consistently honored
- ☐ Resident has allergies or food intolerance (example, needs lactose-free)
- ☐ Food not congruent with religious or cultural needs
- ☐ Resident complains about food quality (example, not like what spouse used to prepare, food lacks flavor, etc.)
- ☐ Resident doesn't eat processed foods
- ☐ Food doesn't meet other special diet requirements
- ☐ Intervals between meals may be too long or too short
- ☒ Pattern re: food left uneaten (example, usually leaves the meat or vegetables, etc.)
- ☐ Unwilling to accept food supplements or to eat more than three meals per day

Residents appetite is very poor. Meal intakes average less than 25%. He refuses one or two meals most days. Meal monitor 6/23 to 6/30

Functional problems that affect ability to eat

- ☒ Swallowing problem (K0100)
- ☐ Contractures (G0400)
- ☐ Partial or total loss of arm movement (G0400A)
- ☐ Quadriplegia/paraplegia (I5100/I5000) (G0400 A and/or B = 2)
- ☒ Inability to sit up (G0300)
- ☒ Vision problems (B1000)
- ☐ Need for special diet or altered consistency which might not appeal to resident
- ☐ Arthritis (I3700)
- ☐ Functional limitation in range of motion (G0400)
- ☐ Hemiplegia/hemiparesis (I4900) (G0400 A and B = 1)
- ☐ Inability to perform ADLs without significant physical assistance (G0110)
- ☐ Missing limb(s) (G0600D)
- ☐ Decreased ability to smell or taste food
- ☒ Recent decline in ADLs (G0110-G0600)

H&P from Dr. Allen in PCC progress notes 6/25/21

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Cognitive, mental status, and behavior problems that can interfere with eating

- | | |
|---|--|
| <input type="checkbox"/> Review Cognitive Loss CAA | <input type="checkbox"/> Alzheimer's Disease (I4200) |
| <input type="checkbox"/> Other dementia (I4800) | <input type="checkbox"/> Intellectual disability (A1550) |
| <input type="checkbox"/> Paranoid fear that food is poisoned | <input type="checkbox"/> Requires frequent/constant cueing |
| <input type="checkbox"/> Disruptive behaviors (E0200) | <input type="checkbox"/> Indicators of psychosis (E0100) |
| <input type="checkbox"/> Wandering (E0900) | <input type="checkbox"/> Pacing (E0200) |
| <input type="checkbox"/> Throwing food (E0200C) | <input type="checkbox"/> Resisting care (E0800) |
| <input type="checkbox"/> Very slow eating | <input type="checkbox"/> Short attention span |
| <input checked="" type="checkbox"/> Poor memory (C0500,C0700-C0900) | <input type="checkbox"/> Anxiety problems (I5700) |

NP progress note 6/28/21

Communication problems

- | | |
|--|--|
| <input type="checkbox"/> Review Communication CAA | <input type="checkbox"/> Comatose (B0100) |
| <input type="checkbox"/> Difficulty making self understood (B0700) | <input type="checkbox"/> Difficulty understanding others (B0800) |
| <input type="checkbox"/> Aphasia (I4300) | |

n/a

Dental/oral problems (from Section L and physical assessment)

- | | |
|--|---|
| <input type="checkbox"/> Review Dental Care CAA | <input type="checkbox"/> Broken or fractured teeth (L0200D) |
| <input type="checkbox"/> Toothache (L0200F) | <input type="checkbox"/> Bleeding gums (L0200E) |
| <input type="checkbox"/> Loose dentures, dentures causing sores (L0200A) | <input type="checkbox"/> Lip or mouth lesions (cold sores, fever blisters, oral abscess, etc.) (L0200C) |
| <input type="checkbox"/> Mouth pain (L0200F) | <input type="checkbox"/> Dry mouth |

He does not have any teeth RD interview

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GR [REDACTED]

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Other diseases and condition that can affect appetite or nutritional needs

- | | |
|---|--|
| <input checked="" type="checkbox"/> Anemia (I0200) | <input type="checkbox"/> Arthritis (I3700) |
| <input type="checkbox"/> Burns (M1040F) | <input type="checkbox"/> Cancer (I0100) |
| <input type="checkbox"/> Cardiovascular disease (I0300-I0900) | <input type="checkbox"/> Cerebrovascular accident (I4500) |
| <input type="checkbox"/> Constipation (H0600) | <input type="checkbox"/> Delirium (C1310) |
| <input type="checkbox"/> Depression (I5800) | <input checked="" type="checkbox"/> Diabetes (I2900) |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Gastrointestinal problem (I1100-I1300) |
| <input type="checkbox"/> Hospice care (O0100K) | <input type="checkbox"/> Liver disease (I8000) |
| <input checked="" type="checkbox"/> Pain (J0300) | <input type="checkbox"/> Parkinson's disease (I5300) |
| <input type="checkbox"/> Pressure ulcers/injuries (M0300) | <input type="checkbox"/> Radiation therapy (O0100B) |
| <input type="checkbox"/> Recent acute illness (I8000) | <input type="checkbox"/> Recent surgical procedure (I8000, M1200F) |
| <input checked="" type="checkbox"/> Renal disease (I1500) | <input type="checkbox"/> Respiratory disease (I6200) |
| <input type="checkbox"/> Thyroid problem (I3400) | <input type="checkbox"/> Weight loss (K0300) |
| <input type="checkbox"/> Weight gain (K0310) | |

dx list in PCC

Abnormal laboratory values (from clinical record)

- | | |
|---|--|
| <input type="checkbox"/> Electrolytes | <input type="checkbox"/> Pre-albumin level |
| <input type="checkbox"/> Plasma transferrin level | <input type="checkbox"/> Others |

n/a

Medications (from medication administration record and preadmission records if new admission)

- | | |
|--|--|
| <input type="checkbox"/> Antipsychotics (N0410A) | <input type="checkbox"/> Chemotherapy (O0100A) |
| <input type="checkbox"/> Cardiac drugs | <input checked="" type="checkbox"/> Diuretics (N0410G) |
| <input type="checkbox"/> Anti-inflammatory drug | <input type="checkbox"/> Anti-Parkinson's drugs |
| <input type="checkbox"/> Laxatives | <input type="checkbox"/> Antacids |
| <input type="checkbox"/> Start of a new drug | |

MAR 6/23/21 to 6/30/21

Environmental factors (from direct observation and clinical record)

- | | |
|--|--|
| <input type="checkbox"/> Sufficient eating assistance | <input type="checkbox"/> Availability of adaptive equipment |
| <input type="checkbox"/> Dining environment fosters pleasant social experience | <input checked="" type="checkbox"/> Appropriate lighting |
| <input checked="" type="checkbox"/> Sufficient personal space during meals | <input type="checkbox"/> Proper positioning in wheelchair/chair for dining |

RD dining observation 6/23/21

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Resident and/or Family/Representative

Provide input from resident and/or family/representative regarding this care area.

(Questions/Comments/Concerns/Preferences/Suggestions)

Resident is requested gluten free bread when this RD visited with him shortly after admission. The CDM has since purchased gluten free bread for him. Speech is working with him.

Care Plan Considerations

Will Nutritional Status - Functional Status be addressed in the care plan? Yes

If care planning for this problem, what is the overall objective?

☐ Improvement☐ Maintain current level of functioning☐ Slow or minimize decline☒ Minimize risks☒ Avoid complications☐ Symptom relief or palliative measure

Describe impact of this problem/need on the resident and your rationale for care plan decision.

(Include complications and risk factors and the need for referral to other health professionals)
refer to care plans

Referral to Other Disciplines

Is a referral to another discipline warranted? No

To whom and why:

Person Completing CAA:

Person Completing CAA: Leslie Bell

Signature and Title: Leslie Bell, Dietitian [ESOF]

Date: 07/01/2021