



**Department of Human Services
Seniors and People with Disabilities
Community Based Care Survey Protocol**

Unplanned Weight Change

Significant loss of weight is not a response to normal aging; it can arise from many causes. Its presence may signal the worsening of a life-threatening illness, and it should always be seen as a dramatic indicator of the resident's risk of sudden decline. Unplanned weight loss is an indicator of declining nutritional status.

Objectives:

- To determine if the resident's unplanned weight changes are identified and evaluated/assessed;
- To determine the adequacy of the facility's interventions in response to the weight change;
- To determine if each resident is provided with nourishing, palatable meals that meet the resident's daily nutritional and special dietary needs; and
- To determine if the dining experience enhances the resident's quality of life and is supportive of the resident's needs, including food service and staff support during dining.

This protocol is to be used when a sampled resident has an unplanned weight change.

Procedures:

- Determine if the residents were evaluated for conditions that may have put them at risk for unplanned weight change, such as:
 - Cancer, renal disease, diabetes, depression, chronic obstructive pulmonary disease, Parkinson's disease, Alzheimer's disease
 - Malnutrition, infection, dehydration, constipation, diarrhea
 - Chewing and swallowing problems, without teeth, ill fitting dentures, mouth pain, taste/sensory changes
 - Bedfast, totally dependent for eating, pressure ulcer and/or
 - The use of medications such as diuretics, laxatives, or cardiovascular agents.
- Determine if the facility has evaluated the resident's dining assistance needs, such as assistive devices, food cultural/religious preferences, food allergies and special diets.
- Determine if the service plan was developed utilizing the clinical conditions and risk factors identified in the evaluation for unplanned weight change.
- Determine if the service plan interventions, such as oral supplements, alternative eating schedules, nutrient supplements, adaptive utensils, assistance and/or increased time to eat, were developed to provide a program of consistent intervention by all appropriate staff.



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- Determine if the service plan was evaluated and revised based on the response, outcomes, and needs of the resident.
- Observe the delivery of care as described in the service plan, e.g., staff providing assistance and/or encouragement during dining; serving food as planned with attention to portion sizes, preferences, nutritional supplements, and/or between-meal snacks, to determine if the interventions identified in the service plan have been implemented.
- Observe at least two meals during the survey.
- For each sampled resident being observed, identify any special needs and the interventions planned to meet their needs.
- Observe whether each resident is properly prepared for meals. For example:
 - Resident's eyeglasses, dentures, and/or hearing aids are in place;
 - Proper positioning in chair, wheelchair, geri-chair, etc., at an appropriate distance from the table (tray table and bed at appropriate height and position); and
 - Assistive devices/utensils identified in service plans provided and used as planned.
- Observe the food service for:
 - Appropriateness of dishes and flatware for each resident, as applicable;
 - Delivery to residents in a timely fashion;
 - If a substitute was needed or requested, did it arrive timely; and
 - Were diet orders, portion sizes, preferences, and condiment requests being honored.
 - Determine whether residents were being promptly assisted to eat or provided necessary assistance/cueing in a timely manner after their meal was served. Note whether residents at the same table or in resident rooms, are being served and assisted concurrently.
- Determine how much of the meal the sampled resident consumed.
- Interview the resident, family and/or significant other regarding food quality, eating habits, preferences, weight change, etc.
- Interview staff regarding the resident's ability to eat, preferences, assistance needed, usual consumption of food, etc.
- Determine if the meals served were palatable and nutritious and met the needs of the resident. Note the following:
 - Whether the resident voiced concerns regarding the taste, temperature, quality, quantity and appearance of the meal served;
 - Whether mechanically altered diets, such as pureed, were prepared and served as separate entree items (except for combined foods, e.g., stews, casseroles, etc.);



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- Whether attempts to determine the reason(s) for the refusal and a substitute of equal nutritive value was provided, if the resident refused/rejected food served; and
- Whether food placement, colors, and textures were in keeping with the resident's needs or deficits, e.g., residents with vision or swallowing deficits.
- Sample Tray Procedure
 - If residents complain about the palatability/temperatures of food served, the survey team coordinator may request a test meal to obtain quantitative data to assess the complaints.
 - Send the meal to the dining area that is the greatest distance from the kitchen or to the affected dining area.
- Check food temperature and palatability of the test meal at about the time the last resident in the dining area is served and begins eating.
- If concerns are noted with meal service, preparation, quality of meals, etc., interview the person(s) responsible for assuring meals are prepared according to the menu and for delivery to residents in a timely fashion and at proper temperature, both in the dining rooms/areas and in resident rooms.
- An evaluation or assessment of weight loss or gain should be examined in light of the individual's former life style as well as the current diagnosis. If there is a significant or severe weight change, the RN is expected to assess the weight change.
 - Suggested parameters for evaluating significance of unplanned weight loss are:

<u>Interval</u>	<u>Significant Loss</u>	<u>Severe Loss</u>
1 month	5%	Greater than 5%
3 months	7.5%	Greater than 7.5%
6 months	10%	Greater than 10%
 - The following formula determines percentage of loss:
$$\% \text{ of body weight loss} = (\text{usual weight} - \text{actual weight}) / (\text{usual weight}) \times 100.$$
 - Usual weight is the most recent stable weight in the facility prior to the weight change. It is not necessarily the ideal body weight.
- In evaluating/assessing weight loss, consider
 - The assessment of risk factors for weight loss; and
 - Service plan for weight management.
 - Was the resident edematous when initially weighed, and with treatment no longer has edema?
 - Has the resident refused food?



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- Review all related information and documentation to look for evidence of identified causes of the condition or problem. This inquiry should include interviews with appropriate facility staff and health care practitioners, who by level of training and knowledge of the resident should know of, or be able to provide information about the causes of a resident's condition or problem.
- Based on the evaluation/assessment, have needed changes been made to the service plan and implemented.

NOTE: If a resident is at an end of life stage and has an advance directive according to State law, (or a decision has been made by the resident's surrogate or representative in accordance with State law) or the resident has reached an end of life stage in which minimal amounts of nutrients are being consumed or intake has ceased, and all appropriate efforts have been made to encourage and provide intake, then the weight change may be an expected outcome and may not constitute noncompliance. Conduct observations to verify that palliative interventions, as described in the service plan, are being implemented and revised as necessary, to meet the needs/choices of the resident in order to maintain the resident's comfort and quality of life.

Determination of Compliance:

- The determining factor in compliance for change of condition and monitoring related to unplanned weight change, is the proper evaluation and assessment, development and implementation of the service plan, evaluation/assessment of the resident outcome, and revision of the service plan as needed if it is not effective. If not in compliance, cite at C270.
- Through the use of this protocol, other deficient practices may be discovered and may result in citations.

Deficiency Categorization:

Once the team has completed its investigation, analyzed the data, reviewed the rule, and identified the deficient practices that demonstrate that the facility failed to provide monitoring, care and services related to an unplanned weight change and that non-compliance exists, the team must determine the harm or potential for harm based upon the following levels of severity.

- **Level 1:** No harm, with potential for minimal harm. Facility is considered to be in substantial compliance.



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Level 1 is not appropriate for this rule.

- Level 2: No harm, with potential for more than minimal harm; or minimal harm which does not significantly impact the resident’s quality of life or physical function.

Level 2 indicates noncompliance that results in a resident outcome of no more than minimal harm and/or has the potential for greater harm if interventions are not provided.

Examples of level 2 citations may include, but are not limited to:

- Residents at risk for weight change have not been evaluated and/or assessed and weight change has occurred but is not yet at a significant level.
 - Residents had a significant or greater unplanned weight change, the RN was not involved, and the resident returned to the previous weight or stabilized.
 - The resident had a documented unplanned weight loss over time which was not significant. The facility had not identified, evaluated, developed a service plan and/or implemented interventions.
- Level 3: Harm which significantly impacts the resident’s quality of life or physical function, but does not require immediate correction to protect resident health or safety.

Level 3 indicates noncompliance that results in unplanned weight change at the significant or severe level according to the following chart and which has not stabilized or returned to usual level; or has stabilized but remains at dangerously low level.

Interval	Significant Loss	Severe Loss
1 month	5%	Greater than 5%
3 months	7.5%	Greater than 7.5%
6 months	10%	Greater than 10%

The following formula determines percentage of loss:

$$\% \text{ of body weight loss} = (\text{usual weight} - \text{actual weight}) / (\text{usual weight}) \times 100$$

Examples of level 3 citations may include, but are not limited to:

- Resident had significant or severe weight loss which was not identified, evaluated, and/or assessed, and no effective interventions were in place.
- Resident had a documented weight gain and a diagnosis of congestive heart failure. The facility did not identify the weight gain or evaluate/assess. The



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resident's condition worsened as evidenced by increased coughing and difficulty breathing which was not treated until the resident was hospitalized.

- Level 4: Imminent Danger to resident health or safety.

Imminent Danger is a situation in which the facility's noncompliance in providing monitoring related to unplanned weight change has resulted in, or is likely to result in a clear threat to residents.

Examples of level 4 citations may include, but are not limited to:

- One or more residents experiencing significant or severe weight change without effective intervention and without mitigating circumstances.
- Resident(s) unable to feed themselves receive no assistance to eat or drink.

Significant Weight Changes

Initial Weight	5%	7 ½ %	10%	Initial Weight	5%	7 ½ %	10%	Initial Weight	5%	7 ½ %	10%
65	62	60	59								
66	63	61	59	121	115	112	109	176	167	163	158
67	64	62	60	122	116	113	110	177	168	164	159
68	65	63	61	123	117	114	111	178	169	165	160
69	66	64	62	124	118	115	112	179	170	166	161
70	67	65	63	125	119	116	113	180	171	167	162
71	67	66	64	126	120	117	113	181	172	167	163
72	68	67	65	127	121	118	114	182	173	168	164
73	69	68	66	128	122	118	115	183	174	169	165
74	70	68	67	129	123	119	116	184	175	170	166
75	71	69	68	130	124	120	117	185	176	171	167
76	72	70	68	131	124	121	118	186	177	172	167
77	73	71	69	132	125	122	119	187	178	173	168
78	74	72	70	133	126	123	120	188	179	174	169
79	75	73	71	134	127	124	121	189	180	175	170
80	76	74	72	135	128	125	122	190	181	176	171
81	77	75	73	136	129	126	122	191	181	177	172
82	78	76	74	137	130	127	123	192	182	178	173
83	79	77	75	138	131	128	124	193	183	179	174
84	80	78	76	139	132	129	125	194	184	179	175
85	81	79	77	104	133	130	126	195	185	180	176
86	82	80	77	141	134	130	127	196	186	181	176
87	83	81	78	142	135	131	128	197	187	182	177
88	84	81	79	143	136	132	129	198	188	183	178
89	85	82	80	144	137	133	130	199	189	184	179
90	86	83	81	145	138	134	131	200	190	185	180
91	86	84	82	146	139	135	131	201	191	186	181
92	87	85	83	147	140	136	132	202	192	187	182
93	88	86	84	148	141	137	133	203	193	188	183
94	89	87	85	148	142	138	134	204	194	189	184
95	90	87	86	150	143	139	135	205	195	190	185
96	91	89	86	151	143	140	136	206	196	191	185
97	92	90	87	152	144	141	137	207	197	192	186
98	93	91	88	153	145	142	138	208	198	192	187
99	94	92	89	154	146	142	139	209	199	193	188
100	95	93	90	155	147	143	140	210	200	194	189
101	96	93	91	156	148	144	140	211	200	195	190
102	97	94	92	157	149	145	141	212	201	196	191
103	98	95	93	158	150	146	142	213	202	197	192
104	99	96	94	159	151	147	143	214	203	198	193
105	100	97	95	160	152	148	144	215	204	199	194
106	101	98	95	161	153	149	145	216	205	200	194
107	102	99	96	162	154	150	146	217	206	201	195
108	103	100	97	163	155	151	147	218	207	202	196
109	104	101	98	164	156	152	148	219	208	203	197
110	105	102	99	165	157	153	149	220	209	204	198
111	105	103	100	166	158	154	149				
112	106	104	101	167	159	155	150				
113	107	105	102	168	160	155	151				
114	108	105	103	169	161	156	152				
115	109	106	104	170	162	157	153				
116	110	107	104	171	162	158	154				
117	111	108	105	172	163	159	155				
118	112	109	106	173	164	160	156				
119	113	110	107	174	165	161	157				
120	114	111	108	175	166	162	158				