



## Nutritional Risk Assessment / Full - V 4

Resident: [REDACTED]

Effective Date: 11/11/2025 11:16

Admission: 11/10/2025

Category: NA

Physician: Fasciana, Guy

Type: Admission

Allergies: No Known Allergies

### A. Weight status; loss or gain

- 1.
- a. BMI 19-27 No weight change
  - b. <5% wt change in 30 days; <7.5% within 90 days; or <10% within 6 mo
  - c. BMI <19 or >27; >5% wt change in 30 days; >7.5% in 90 days; or >10% within 6 mo

1a. Usual Body Weight (UBW) in pounds:

2. Comments:

Weight 164.3lb, BMI 23.6. 70"

### B. Intake

- 1.
- a. Intake meets 76-100% of estimated needs
  - b. Intake meets 26-75% of estimated needs
  - c. Intake meets <25% of estimated needs

2. Comments:

Meal intakes 76-100% of Regular, Regular, Thin Liquids. Independent at meals. Resident reports excellent appetite and would like more food. Will add double portions at this time.

### C. Estimated Needs

1a. Estimated Energy Needs in kcal:

1867-2240 (25-30kcal/kg)

1b. Estimated Protein Needs in grams:

75-89g (1.0-1.2g/kg)

1c. Estimated Fluid Needs in ml:

1867-2240mL (25-30ml/kg)

2. Comments:

### D. Relevant conditions and diagnoses

1. Choose all that apply:

- a. HTN, DM, heart disease, or other controlled diseases/conditions
- b. Anemia, infection, CVA (recent), fracture, UTI, alcohol abuse, drug abuse, dehydration, jaundice, surgery (recent), osteoporosis, hx of GI bleed, food intolerances and allergies, poor circulation, constipation, diarrhea, GERD, anorexia, Parkinson's
- c. Cancer (advanced), septicemia, liver failure, dialysis, ESRD, Alzheimer's, dementia, depression, dehydration, dysphagia, radiation/ chemo, active GI bleed, chronic nausea, vomiting, ostomy, gastrectomy, fecal impaction, uncontrolled diseases or conditions

2. Comments:

→ Mod PCM, Hx of constipation, Dysthymic disorder, GERD

### E. Medications; Nutrition-related

PES statement  
No nutrition diagnosis at this time related to the patient stable nutritional status as evidenced by adequate oral intake, normal appetite, appropriate weight for height, and no signs of malnutrition.

Nutritional Risk Assessment / Full - V 4

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Effective Date: 11/11/2025 11:16

Admission: 11/10/2025

Category: NA

Physician: Fasciana, Guy

Type: Admission

Allergies: No Known Allergies

1.

- a. 0 - 1 drugs/day
- b. 2 - 4 drugs/day
- c. 5 or more drugs/day

2. Comments:

Bowel meds, FerrousSulf, Seroquel, Ascorbic acid, Zoloft, Oxycodone, Gabapentin, IV Ceftriaxone

F. Physical and mental functioning

1.

- a. Ambulatory, alert, able to feed self, no chewing or swallowing problems
- b. Out of bed with assistance, motor agitation (tremors, wandering), limited feeding assistance, supervision while eating, chewing or swallowing problems, teeth in poor repair, ill-fitting dentures or refusal to wear dentures, edentulous, taste and sensory changes, unable to communicate needs
- c. Bedridden, inactive, total dependence, extensive or total assistance while eating, aspirates, tube feeding, TPN, mouth pain

2. Comments:

[REDACTED]

G. Lab values

1.

- a. Albumin and other nutrition- related lab values WNL
- b. Albumin 3.0-3.4 g/DL, 1-2 other nutrition- related labs abnormal
- c. Albumin less than 3.0 g/DL, 3-5 other nutrition-related labs abnormal

2. Comments:

CBC w/ diff/BMP/CRP/ESR drawn this AM. 11/8 labs BUN 16, Cr .7, GFR 90, Na 140, K 4.3, CI 103, 97, Ca 9.4, Hgb 10.9, Hct 35.5

H. Skin condition

1.

- a. Skin intact
- b. Stage I / II pressure ulcers or skin tears not healing, hx of pressure ulcers, stasis ulcers, incontinence
- c. Stage III / IV / UTD pressure ulcers or multiple impaired areas, suspected deep tissue injury.

2. Comments:

No staged areas or edema noted. Surgical to knee and L calf

I. Additional Comments

1. Additional Comments:

Resident s/p hospitalization d/t L open patellar fx 10/1, needed irrigation/debridement & ORIF. Meal intakes 76-100% of Regular, Regular, Thin Liquids. Independent at meals. Resident pleasant upon visit, food and beverage preferences reviewed. Resident reports excellent appetite and would like more food. Will add double portions at this time. Weight 164.3lb, BMI 23.6. Surgical to knee and L calf. Weekly weights x4 in place. Will monitor and follow

Signed By

Signed Date

Desiree Saar, Dietician [e-SIGNED]

11/11/2025



*Patrick 2*

### Nutritional Risk Assessment / Full - V 4

Resident: ~~XXXXXXXXXX~~

Effective Date: 11/10/2025 07:43

Admission: 11/07/2025

Category: NA

Physician: Kondash, Michael

Type: Admission

Allergies: Pletal

#### A. Weight status; loss or gain

1.

- a. BMI 19-27 No weight change
- b. <5% wt change in 30 days; <7.5% within 90 days; or <10% within 6 mo
- c. BMI <19 or >27; >5% wt change in 30 days; >7.5% in 90 days; or >10% within 6 mo

1a. Usual Body Weight (UBW) in pounds:

2. Comments:

Weight 11/7 155lb, BMI 19.9. 74" Resident states UBW ~118lb.

#### B. Intake

1.

- a. Intake meets 76-100% of estimated needs
- b. Intake meets 26-75% of estimated needs
- c. Intake meets <25% of estimated needs

2. Comments:

Meal intakes 51-100% of Regular, NDD3/Soft & Bite Sized, Thin Liquids.

#### C. Estimated Needs

1a. Estimated Energy Needs in kcal:

1761-2113 (25-30kcal/kg)

1b. Estimated Protein Needs in grams:

84-106g (1.2-1.5g/kg)

1c. Estimated Fluid Needs in ml:

1761-2113ml (25-30ml/kg)

2. Comments:

#### D. Relevant conditions and diagnoses

1. Choose all that apply:

- a. HTN, DM, heart disease, or other controlled diseases/conditions
- b. Anemia, infection, CVA (recent), fracture, UTI, alcohol abuse, drug abuse, COPD, edema, surgery (recent), osteoporosis, hx of GI bleed, food intolerances and allergies, poor circulation, constipation, diarrhea, GERD, anorexia, Parkinson's
- c. Cancer (advanced), septicemia, liver failure, dialysis, ESRD, Alzheimer's, dementia, depression, dehydration, dysphagia, radiation/ chemo, active GI bleed, chronic nausea, vomiting, ostomy, gastrectomy, fecal impaction, uncontrolled diseases or conditions

2. Comments:

Resident s/p hospitalization d/t generalized weakness s/p fall at home HTN, CA of Large intestine/Liver, Acute Kidney Failure, AFIB, GERD, Heart Failure, Calculus of gallbladder

#### E. Medications; Nutrition-related

1.

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Effective Date: 11/10/2025 07:43

Admission: 11/07/2025

Category: NA

Physician: Kondash, Michael

Type: Admission

Allergies: Pletal

- a. 0 - 1 drugs/day
- b. 2 - 4 drugs/day
- c. 5 or more drugs/day

2. Comments:

Vit D, LEvothyroxine, Metoprolol, Esomeprazole, Bowel meds, KCl, Ondansetron, Eliquis

F. Physical and mental functioning

1.

- a. Ambulatory, alert, able to feed self, no chewing or swallowing problems
- b. Out of bed with assistance, motor agitation (tremors, wandering), limited feeding assistance, supervision while eating, chewing or swallowing problems, teeth in poor repair, ill-fitting dentures or refusal to wear dentures, edentulous, taste and sensory changes, unable to communicate needs
- c. Bedridden, inactive, total dependence, extensive or total assistance while eating, aspirates, tube feeding, TPN, mouth pain

2. Comments:

[REDACTED]

G. Lab values

1.

- a. Albumin and other nutrition- related lab values WNL
- b. Albumin 3.0-3.4 g/DL, 1-2 other nutrition- related labs abnormal
- c. Albumin less than 3.0 g/DL, 3-5 other nutrition-related labs abnormal

2. Comments:

Hospital labs reviewed

H. Skin condition

1.

- a. Skin intact
- b. Stage I / II pressure ulcers or skin tears not healing, hx of pressure ulcers, stasis ulcers, incontinence
- c. Stage III / IV / UTD pressure ulcers or multiple impaired areas, suspected deep tissue injury.

2. Comments:

Stage 3 L & R buttock

I. Additional Comments

1. Additional Comments:

Resident s/p hospitalization d/t generalized weakness s/p fall at home. Meal intakes 51-100% of Regular, NDD3/Soft & Bite Sized, Thin Liquids. Weight 11/7 155lb, BMI 19.9. Stage 3 L & R buttock. Resident pleasant upon visit, food and beverage preferences reviewed. Resident states UBW ~118lb, weekly weights x4 in place. Recommendation for Liquid Protein 30mL BID (200cal, 30g pro)- resident agreeable to. Resident w/ hx of Boost use, will hold at this time. Resident enjoys yogurt and ice cream, will to diet ticket. Will continue to monitor and follow

Signed By

Signed Date

Desiree Saar, Dietician [e-SIGNED]

11/10/2025

MDS 3.0 Section K - Swallowing / Nutritional Status

<b>Resident Information</b> Resid: ██████████ Admit Date: 03/20/2014 Payer: UPMC CHC-MCO -150 Mdcr Start Date:	<b>Assessment Information</b> ARD/Target 2025-11-11 Date: OBRA Reason: Annual PPS Reason: None of the above PPS OMRA: Entry/Discharge: None of the above	<b>RUG Information</b> State: MDUD State Alternate: Insurance Billing: Insurance Non-Therapy:	<b>PDPM Information</b> Primary Diagnosis: PARKINSON... Clinical Category: Acute Neuro... Recent Surgery: Unknown HIPPS: MDUD PT/OT: TM SLP: SD Nursing: PDE1 NTA: ND	<b>Submission Information</b> MDS In Progress Status: A0410: 3.Unit is Medicare and/or Medica Submit Submit to CMS Req:
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A B C D E F G GG H I J **K** L M N O P Q S V X Save Save & Exit Cancel

K0100. Swallowing Disorder

Signs and symptoms of possible swallowing disorder  
Select all that apply

A. Loss of liquids/solids from mouth when eating or drinking



Signed by: desaar on Tue Nov 11, 2025 at 12:38:43 PM Un-Sign Question

Yes **No** -

B. Holding food in mouth/cheeks or residual food in mouth after meals



Signed by: desaar on Tue Nov 11, 2025 at 12:38:43 PM Un-Sign Question

Yes **No** -

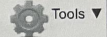
C. Coughing or choking during meals or when swallowing medications



Signed by: desaar on Tue Nov 11, 2025 at 12:38:43 PM Un-Sign Question

Yes **No** -

D. Complaints of difficulty or pain when swallowing



Signed by: desaar on Tue Nov 11, 2025 at 12:38:43 PM Un-Sign Question

Yes **No** -

Z. None of the above

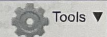


Signed by: desaar on Tue Nov 11, 2025 at 12:38:43 PM Un-Sign Question

**None of the above**

K0200. Height and Weight - While measuring, if the number is X.1 - X.4 round down; X.5 or greater round up

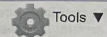
A. Height (in inches)



Signed by: desaar on Tue Nov 11, 2025 at 12:38:43 PM Un-Sign Question

60

B. Weight (in pounds)

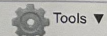


Signed by: desaar on Tue Nov 11, 2025 at 12:38:43 PM Un-Sign Question

234

K0300. Weight Loss

Loss of 5% or more in the last month or loss of 10% or more in last 6 months



Signed by: desaar on Tue Nov 11, 2025 at 12:38:43 PM Un-Sign Question

0. No or unknown

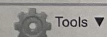
1. Yes, on prescribed weight-loss regimen

**2. Yes, not on prescribed weight-loss regimen**

-. Not assessed

K0310. Weight Gain

Gain of 5% or more in the last month or gain of 10% or more in last 6 months



Gain of 5% or more in the last month or gain of 10% or more in last 6 months

Signed by: desaar on Tue Nov 11, 2025 at 12:38:43 PM Un-Sign Question

**0. No or unknown**

1. Yes, on physician-prescribed weight-gain regimen

2. Yes, not on physician-prescribed weight-gain regimen

-. Not assessed

K0520. Nutritional Approaches

	1. On Admission	2. While a Resident	3. During Entire 7 Days	4. At Discharge
<b>A. Parenteral/IV feeding</b>	Question K0520A1 disabled by question A0310B Signed by: <b>desaar</b> on Tue Nov 11, 2025 at 12:38:43 PM Yes No -	Question K0520A2 disabled by question A2300 Signed by: <b>desaar</b> on Tue Nov 11, 2025 at 12:38:43 PM Yes No -	Question K0520B2 disabled by question A2300 Signed by: <b>desaar</b> on Tue Nov 11, 2025 at 12:38:43 PM Question Yes No -	Signed by: <b>desaar</b> on Tue Nov 11, 2025 at 12:38:43 PM Yes No -
<b>B. Feeding tube (e.g., nasogastric or abdominal (PEG))</b>	Question K0520B1 disabled by question A0310B Signed by: <b>desaar</b> on Tue Nov 11, 2025 at 12:38:43 PM Yes No -	Question K0520C1 disabled by question A0310B Signed by: <b>desaar</b> on Tue Nov 11, 2025 at 12:38:43 PM Yes No -	Question K0520B2 disabled by question A2300 Signed by: <b>desaar</b> on Tue Nov 11, 2025 at 12:38:43 PM Question Yes <b>No</b> -	Signed by: <b>desaar</b> on Tue Nov 11, 2025 at 12:38:43 PM Yes No -
<b>C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)</b>	Question K0520D1 disabled by question A0310B Signed by: <b>desaar</b> on Tue Nov 11, 2025 at 12:38:43 PM Yes No -		Question K0520Z2 disabled by question A2300 Signed by: <b>desaar</b> on Tue Nov 11, 2025 at 12:38:43 PM Question Yes <b>No</b> -	Signed by: <b>desaar</b> on Tue Nov 11, 2025 at 12:38:43 PM Yes No -
<b>D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)</b>	Question K0520Z1 disabled by question A0310B Signed by: <b>desaar</b> on Tue Nov 11, 2025 at 12:38:43 PM Yes No -		Question K0520Z2 disabled by question A2300 Signed by: <b>desaar</b> on Tue Nov 11, 2025 at 12:38:43 PM Question <b>Yes</b> No -	Signed by: <b>desaar</b> on Tue Nov 11, 2025 at 12:38:43 PM Yes No -
<b>Z. None of the above</b>	Signed by: <b>desaar</b> on Tue Nov 11, 2025 at 12:38:43 PM None of the above	Signed by: <b>desaar</b> on Tue Nov 11, 2025 at 12:38:43 PM None of the above	Signed by: <b>desaar</b> on Tue Nov 11, 2025 at 12:38:43 PM Question None of the above	Signed by: <b>desaar</b> on Tue Nov 11, 2025 at 12:38:43 PM None of the above

K0710. Percent Intake by Artificial Route

Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A/K0520A and/or K0510B/K0520B

- While NOT a Resident**  
Performed *while NOT a resident* of this facility and within the **last 7 days**. Only enter a code in column 1 if resident entered or more days ago, leave column 1 blank
- While a Resident**  
Performed *while a resident* of this facility and within the **last 7 days**
- During entire 7 days**  
Performed during the entire **last 7 days**

	1. While NOT a Resident	2. While a Resident	3. During Entire 7 Days
<b>A. Proportion of total calories the resident received through parenteral or tube feeding</b>	n/a	Signed by: <b>desaar</b> on Tue Nov 11, 2025 at 12:38:43 PM 1. 25% or less 2. 26-50% 3. 51% or more -. Not assessed/no information	Question K0710B2 disabled by questions K0520A2   K0520A3   K0520B2   K0520B3 Signed by: <b>desaar</b> on Tue Nov 11, 2025 at 12:38:43 PM 1. 25% or less 2. 26-50% 3. 51% or more -. Not assessed/no information
<b>B. Average fluid intake per day by IV or tube feeding</b>	n/a	Signed by: <b>desaar</b> on Tue Nov 11, 2025 at 12:38:43 PM 1. 500 cc/day or less 2. 501 cc/day or more -. Not assessed/no information	Signed by: <b>desaar</b> on Tue Nov 11, 2025 at 12:38:43 PM 1. 500 cc/day or less 2. 501 cc/day or more -. Not assessed/no information

Oak Ridge Rehabilitation & Healthcare Center  
 500 West Hospital Street  
 Taylor, PA 18517-2097  
 Phone: (570) 562-2102  
 PCC Facility ID: Oak

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2. Nutritional Status

Problem Definition

Triggering Conditions (any of the following)

- 2. Body mass index (BMI) is too low or too high as indicated by:  
 BMI (BMI) = 45.695 (45.695)
- 3. Any weight loss as indicated by a value of 1 or 2 as follows:  
 Loss of 5% or more in the last month or loss of 10% or more in last 6 months (K0300) = Yes, not on prescribed weight-loss regimen (2)
- 7. Therapeutic diet is used as nutritional approach as indicated by:  
 Nutritional Approaches (7-day): Therapeutic (K0520D3) = Checked (Yes) (1)

Analysis of Findings

Is this problem/need:  Actual  Potential

Nature of the problem/condition:

Resident receives Controlled CHO/NAS diet w/ BMI 45.6. Resident had weight loss x6mon

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
- 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

[Click here to add Supporting Documentation. Provide the basis/reason for items being checked, including the location & date & source (if applicable), of that information]

Functional problems that affect ability to eat

- Swallowing problem (K0100)
- Contractures (GG0115)
- Partial or total loss of arm movement (GG0115)
- Quadriplegia/paraplegia (I5100/I5000) (GG0115)
- Inability to sit up (G0300)
- Vision problems (B1000)
- Need for special diet or altered consistency which might not appeal to resident (K0520C, K0520D)
- Arthritis (I3700)
- Functional limitation in range of motion (GG0115)
- Hemiplegia/hemiparesis (I4900, GG0115)
- Inability to perform self-care or mobility without significant physical assistance (GG0130, GG0170)
- Missing limb(s) (GG0120D)
- Decreased ability to smell or taste food
- Recent decline in functional abilities (GG0130, GG0170)

[Click here to add Supporting Documentation. Provide the basis/reason for items being checked, including the location & date & source (if applicable), of that information]

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

- Review Cognitive Loss CAA
- Other dementia (I4800)
- Paranoid fear that food is poisoned
- Alzheimer's Disease (I4200)
- Intellectual disability (A1550)
- Requires frequent/constant cueing

- Disruptive behaviors (E0200)
- Wandering (E0900)
- Throwing food (E0200C)
- Very slow eating
- Poor memory (C0500,C0700-C0900)

- Indicators of psychosis (E0100)
- Pacing (E0200)
- Resisting care (E0800)
- Short attention span
- Anxiety problems (I5700)

[Click here to add Supporting Documentation. Provide the basis/reason for items being checked, including the location & date & source (if applicable), of that information]

**Communication problems**

- Review Communication CAA
- Difficulty making self understood (B0700)
- Aphasia (I4300)

- Comatose (B0100)
- Difficulty understanding others (B0800)

[Click here to add Supporting Documentation. Provide the basis/reason for items being checked, including the location & date & source (if applicable), of that information]

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

- Review Dental Care CAA
- Toothache (L0200F)
- Loose dentures, dentures causing sores (L0200A)
- Mouth pain (L0200F)

- Broken or fractured teeth (L0200D)
- Bleeding gums (L0200E)
- Lip or mouth lesions (cold sores, fever blisters, oral abscess, etc.) (L0200C)
- Dry mouth

[Click here to add Supporting Documentation. Provide the basis/reason for items being checked, including the location & date & source (if applicable), of that information]

**Other diseases and condition that can affect appetite or nutritional needs**

- Anemia (I0200)
- Burns (M1040F)
- Cardiovascular disease (I0300-I0900)
- Constipation (H0600)
- Depression (I5800)
- Diarrhea
- Hospice care (O0110K1)
- Pain (J0300, J0800)
- Pressure ulcers/injuries (M0210, M0300)
- Recent acute illness (I8000)
- Renal disease (I1500)
- Thyroid problem (I3400)
- Weight gain (K0310)

- Arthritis (I3700)
- Cancer (I0100)
- Cerebrovascular accident (I4500)
- Delirium (C1310)
- Diabetes (I2900)
- Gastrointestinal problem (I1100-I1300)
- Liver disease (I8000)
- Parkinson's disease (I5300)
- Radiation therapy (O0110B1)
- Recent surgical procedure (I8000, J2000, M1200F)
- Respiratory disease (I6200)
- Weight loss (K0300)

[Click here to add Supporting Documentation. Provide the basis/reason for items being checked, including the location & date & source (if applicable), of that information]

**Abnormal laboratory values (from clinical record)**

- Electrolytes
- Plasma transferrin level
- Pre-albumin level
- Others

[Click here to add Supporting Documentation. Provide the basis/reason for items being checked, including the location & date & source (if applicable), of that information]

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

- Antipsychotics (N0415A)
- Cardiac medications
- Anti-inflammatory medications
- Laxatives
- Start of a new medication
- Chemotherapy (O0110A1)
- Diuretics (N0415G)
- Anti-Parkinson's medications
- Antacids

[Click here to add Supporting Documentation. Provide the basis/reason for items being checked, including the location & date & source (if applicable), of that information]

**Environmental factors (from direct observation and clinical record)**

- Sufficient eating assistance
- Dining environment fosters pleasant social experience
- Sufficient personal space during meals
- Availability of adaptive equipment
- Appropriate lighting
- Proper positioning in wheelchair/chair for dining

[Click here to add Supporting Documentation. Provide the basis/reason for items being checked, including the location & date & source (if applicable), of that information]

**Resident and/or Family/Representative**

**Provide input from resident and/or family/representative regarding this care area.**  
(Questions/Comments/Concerns/Preferences/Suggestions)

**Care Plan Considerations**

**Will Nutritional Status be addressed in the care plan?**  Yes  No  Not Assessed

**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)

Proceed to care plan, see assessment 11/11 for full details

**Referral to Other Disciplines**

Is a referral to another discipline warranted?  Yes  No

To whom and why:

**Note: Saving the CAA Worksheet after changes are made will require the CAA to be signed, regardless of trigger or address status.**

Save

Save & Close

Close