

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  Lone Tree Health Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  501 East Pioneer Road Lone Tree, IA 52755	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>34821</p> <p>Based on clinical record review, staff interviews, and facility policy review the facility failed to provide the tube feeding (TF) according to the physician's order individualized to the resident for 1 of 1 residents reviewed with tube feeding sampled (Resident #3). The facility reported a census of 32 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) Assessment for Resident #3 dated 10/20/23, listed diagnoses of malnutrition, anemia, and heart failure. The MDS identified Resident #3's Brief Interview for Mental Status (BIMS) score of 9 out of 15, moderate cognitive impairment. The MDS identified Resident #3 received a tube feeding.</p> <p>The Care Plan for Resident #3 dated 11/1/23, reflected Resident #3 required a tube feeding related to swallowing problems, stricture. The Care Plan directed she needed assist of 1 nurse with tube feeding and water flushes. See the Physician's order for current feeding orders.</p> <p>The Medication Administration Record (MAR) dated 12/2023, directed enteral feeding (tube feeding), Bolus feeding 240 millimeters (ml) five times a day (6 AM-6 PM) flush with 30 ml of water before and after.</p> <p>The Progress Notes dated 12/16/23 at 7:20 PM, reflected staff called the nurse to Resident #3's room, a Certified Nurses Aid (CNA) stated Resident #3's clothes and tube feeding site were soaked. Upon assessment staff found the tube leaked residual. More than 850 ml of residual drained from tube and more came. Vital signs stable, resident denied pain or discomfort. Placed a call to the resident's family, who wanted her sent to the hospital. Call placed to the physician and received an order to send Resident#3 for evaluation and treat at the hospital.</p> <p>The hospital record titled Anteroposterior (AP) (related to or directed toward both front and back) Spine dated 12/16/23, identified the indication for the exam concern for gastric outlet obstruction. PEG (tube feeding port) large volume of gastric content after feeding for 2 days. The impression listed they failed to find evidence for gastric outlet obstruction.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The hospital After Visit Summary dated 12/17/23, revealed the feeding seemed to be functioning appropriately. It directed staff to be cognizant of the rate of the PEG tube feeding, the patient will likely do better with administering the volume of feeding slowly over several minutes as opposed to a quicker bolus.</p> <p>The MAR dated 12/17/23, ordered to give feeding slower over several minutes.</p> <p>On 4/11/24 at 10:58 Staff B, Registered Nurse (RN) revealed Resident #3 TF site leaked out fluid, she said that happened for a couple days. She revealed she would pour her feeding with the water, so it would go faster. She stated the Physician told the family not to add the water to the feeding, it made it too thin, and the feeding needed to go in more slowly.</p> <p>On 4/11/24 at 12:57 PM, Staff A, Licensed Practical Nurse (LPN) reported she follows the Physician's Order to administer a TF. She stated flushing before and after the feeding with water. She reported she's added water to the feeing when it ran too slow to thin it out.</p> <p>On 4/11/24 at 3:20 PM, the Assistant Director of Nursing (ADON) stated the nurses may add some water to the feeding, it may be plugged. She confirmed the policy directed to follow the Physician's Order's.</p> <p>The facility provided a policy titled Enteral Feeding (tube feeding) undated, it directed to flush the tube with at least 30-50 cubic centimeters (cc) one time per shift unless otherwise ordered. Before and after medications, flush with 30-50 cc of water. Flushing helps to loosen formula from sticking to the inside of the tube. After verifying correct tube placement, draw up 30-50 cc of water into syringe and flush tube using a moderate rate and constant pressure.</p> <p>The policy continued to initiating the feeding, Bolus method:</p> <p>Remove the plunger or the bulb from a catheter tip syringe. Attach syringe to end of tube and elevate to 18 inches. Pour the ordered amount of formula into the syringe per physician order. Let the formula run in slowly by gravity. To prevent air from getting into the stomach, add more formula to syringe before it empties. Adjust the height of the syringe to a lower position to run slower. Make sure the formula is at room temperature. It should take about 15 - 20 minutes to complete the feeding. After the feeding is complete, flush tube to prevent clogging.</p>		