

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165546	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER Tabor Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 209 Main Street Tabor, IA 51653	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>37074</p> <p>Based on clinical record review, staff and primary care provider (PCP) interviews, and policy review the facility failed to notify 1 of 3 resident's (Resident #1) PCP of the resident refusing his newly scheduled breathing treatments. The facility reported a census of 39 resident.</p> <p>Findings include:</p> <p>According to the quarterly Minimum Data (MDS) assessment tool with a reference date of 5/12/24 Resident #1 had severely impaired cognitive skills for daily decision making. The MDS listed the following diagnoses for Resident #1: cerebral infarction, atrial fibrillation, pneumonia, stroke, dementia, seizure disorder, anxiety, depression and gastrostomy status.</p> <p>The Care Plan focus area with a revision date of 11/21/23 documented Resident #1 had altered respiratory status/difficulty breathing related to wheezing. The Care Plan directed staff to administer medications/puffers as ordered, monitor for effectiveness and side effects.</p> <p>The following Progress Notes were documented:</p> <p>a) 5/16/24 at 3:00 PM resident returned from PCP office with new order for nebulizer treatments scheduled three times a day (TID) for five days then as needed (PRN) again.</p> <p>b) 5/18/24 at 1:29 PM resident continues on antibiotic for upper respiratory infection, noted congestion and audible wheezing. He continues to cough up and spit in to his cup. Resident refuses to take his nebulizer treatment.</p> <p>c) 5/19/24 at 10:15 AM continues to refuse to take his nebulizer treatment, even with this nursing attempting to hold mask near his face he pushed it away, saying he has to spit and that he can taste the powder.</p> <p>d) 5/20/24 at 2:21 AM occasional loose cough, wheezing lung sounds, and resident continues to refuse nebulizer treatment.</p> <p>e) 5/20/24 at 2:59 PM remains on antibiotic for upper respiratory infection. Resident refuses breathing treatments, clears secretions with coughing.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>f) 5/21/24 at 2:31 AM occasional loose cough, wheezing lung sounds, resident continues to refuse nebulizer treatment.</p> <p>g) 5/21/24 at 9:15 AM resident refuses breathing treatments.</p> <p>h) 5/24/24 at 2:18 AM occasional loose cough, wheezing lung sounds, resident continues to refuse nebulizer treatment.</p> <p>i) 5/25/24 at 2:03 AM occasional loose cough, wheezing lung sounds, resident continues to refuse nebulizer treatment.</p> <p>Review of the June 2024 Medication Administration Record (MAR) revealed Resident #1's albuterol sulfate nebulization treatment was scheduled at 8:00 AM, 12:00 PM and 5:00 PM with a start date of 5/17/24 and end date of 5/22/24. The order was signed out as resident refused (RR) on 5/17/24 at 12:00 PM and 5:00 PM, 5/18/24 at 12:00 PM and 5:00 PM, 5/19/24 at 8:00 AM, 12:00 PM and 5:00 PM, 5/20/24 at 12:00 PM and 5:00 PM, 5/21/24 at 8:00 AM and 5:00 PM, and 5/22/24 at 12:00 PM.</p> <p>On 8/6/24 at 11:23 AM Resident #1's PCP stated the resident's mom called the clinic stating he was gurgling and he was brought to the clinic. He did order his PRN breathing treatments to be scheduled TID for five days then back to PRN. The PCP reviewed his notes and indicated he did not have documentation of the facility notifying him of Resident #1 refusing those scheduled breathing treatments. He stated ideally it would have been a good thing to be notified about. He added Resident #1 retains his secretions then spits, so it's hard to tell if he is retaining the secretions or if they are in his lungs.</p> <p>On 8/6/24 at 3:18 PM the Director of Nursing (DON) stated Resident #1 had his breathing treatments scheduled prior but the pharmacist made the recommendation to go to PRN because he was refusing them so much. When the DON was informed of the PCP not being notified of Resident #1 refusing his scheduled breathing treatments in May she stated she would get some paperwork. On 8/7/24 at 11:07 AM the DON was asked if the physician should have been notified of the resident's refusal of his scheduled breathing treatment while being treated for an upper respiratory infection, she stated their policy indicates only with a significant change. She added Resident #1 was notorious for refusing the treatments and his PCP knows that. She indicated the physician would not need to be notified of those refusals unless the order is specified as such.</p> <p>The facility provided a document titled Notification of Physician: Reason for Notification of Physician. Orders: any need that would be generated by resident need, or request, which is outside the current doctor's orders. If this is a minor need and at night, a fax is appropriate. If it is a major concerns or change a phone call is required.</p>		

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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>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>37074</p> <p>Based on clinical record review, physician and staff interviews and policy review the facility failed to have 1 of 1 resident (Resident #1) PEG tube replaced when it was found to be leaking. The facility also failed to receive a physician's order to administer Resident #1's medications and feedings via Foley catheter. The facility reported a census of 39 residents.</p> <p>Findings include:</p> <p>According to the quarterly Minimum Data (MDS) assessment tool with a reference date of 5/12/24 Resident #1 had severely impaired cognitive skills for daily decision making. The MDS documented he had a feeding tube while a resident. The MDS listed the following diagnoses for Resident #1: cerebral infarction, atrial fibrillation, pneumonia, stroke, dementia, seizure disorder, anxiety, depression and gastrostomy status.</p> <p>The Care Plan focus area with a revision date of 6/16/21 documented Resident #1 has a swallowing problem related to swallowing assessment results.</p> <p>The Care Plan focus area with a revision date of 11/21/23 documented Resident #1 required tube feeding due to dysphagia and swallowing problems. The Care Plan documented he was dependent with tube feeding and water flushes and staff are to see physician orders for current feeding orders. Staff are to check for tube placement and gastric contents/residual volume per facility protocol and record.</p> <p>The following Progress Notes were documented:</p> <p>a) On 6/24/24 at 2:37 PM Staff A Registered Nurse (RN) went to give the resident his afternoon medications through his PEG tube and observed a small leak within the tube. The physician's office was notified and received a verbal order to place foley temporarily until able to get PEG exchange. Called the hospital to schedule this, waiting for a call back with schedule. Staff A and the Director of Nursing (DON) used clean technique and placed a 16 french foley catheter, inflated to 3 cubic centimeter (cc), secured to abdomen with stat lock, flushed and aspirated back stomach contents, swoosh was auscultated with stethoscope.</p> <p>b) 6/25/24 at 11:13 AM g-tube replacement schedule for 7/16/24 at 12:15 PM.</p> <p>c) 7/16/24 at 10:00 AM g-tube replacement rescheduled for 7/30/24 due to no staff available to transport.</p> <p>d) 7/30/24 at 12:06 PM resident went to the hospital for peg tube exchange.</p> <p>Record review revealed a facsimile (fax) dated 6/24/24 to Resident #1's primary care provider from Staff A : ok to place 16 French Foley in g-tube site until able to replace it. Verbal Order Read Back at 2:32 PM. Waiting to hear/schedule appointment for replacement. Resident #1's PCP signed the fax on 6/25/24.</p> <p>(continued on next page)</p>		

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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>Review of Resident #1's June 2024 and July 2024 Medication Administration Record (MAR) revealed his feeding, water flush orders and medications were signed out as being administered.</p> <p>On 8/6/24 at 11:16 AM Resident #1's PCP reviewed his documentation in his clinical office and stated his note documented on 6/24/24 stated for your information (FYI) Staff A from the facility requesting to send Resident #1 to the ER for a leaking g-tube and needing to be replaced. He did not make the recommendation to place the Foley catheter in the g-tube site. He added the sites close up fast, so to place a catheter to maintain the site was what was told to him. When asked if he gave orders to administer the resident's medications and feedings via Foley catheter, he stated they could in an emergency situation but it's not ideal to do that with a Foley catheter due to it potentially leaking. He would not want the resident to get a lot of feedings that way, only important medications.</p> <p>On 8/6/24 at 2:56 PM Staff A was asked how she administered Resident #1's medications when he had the Foley catheter in his g-tube site. She stated she would crush the medications and kept the liquid medications separate. She would flush with 50cc of water, give the pills, flush with water, give the liquid medications and flush again. His feeding order was for 240 cc with a water flush of 360 cc. Before she administered his medications or feedings she would check placement and residuals. Staff A stated this was hard to do by gravity but is much better now that he has a new peg tube. When asked who gave permission to insert the Foley catheter in to his peg tube site, she stated the PCP did and it's in a progress note. She added the PCP also gave the ok to give his medications and feedings through the Foley as well. The surgeon was on vacation and could not get on his schedule right away. When asked if she thought Resident #1 should have went to the ER to have his tube replaced, she stated in her opinion he did not need to go because the Foley catheter is working just fine. When Staff A was informed the PCP did not give orders to use the Foley catheter for medications and feeding administration, she stated she thought they had asked for one. Staff A stated she is new to long term care but would get an order before doing anything.</p> <p>On 8/6/24 at 3:18 PM the DON stated Resident #1 could have went to the ER to have his tube replaced. She indicated they had an order to use the Foley catheter. During a follow-up interview on 8/7/24 at 11:07 AM the DON stated he was not sent to the ER because it was not emergent, the tube had a split in it and they had orders to use the Foley catheter until it could be replaced. When asked if it's common practice to use a Foley catheter in place of a peg tube for medications and feeding she indicated only if the doctor has given orders to do so.</p> <p>The facility provided a document titled Protocol if Resident Pulls out G-Tube, updated 5/23/17. The document indicated staff are to assess to see if the facility has an order to change the g-tube PRN in the facility. If so, follow the g-tube replacement protocol. If there is no order to change the g-tube in the facility, call the PCP or the on-call physician for orders and what the proper course of action should be. Follow the physician's orders.</p>		