

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Oak Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6637 Berthold Avenue Saint Louis, MO 63139	

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 - 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41061</p> <p>Based on interview and record review, the facility failed to provide appropriate administration of water flushes and enteral nutrition for one resident who was dependent upon a gastrostomy tube (g-tube, a tube inserted through the belly that brings nutrition directly to the stomach) for nutrition and hydration for one residents (Resident #1). Resident #1 was admitted to the facility on [DATE]. Admission orders showed Nepro (balanced, high-calorie nutrition) 50 milliliters (ml)/hour via g-tube continuously and water flushes 180 ml every four hours. On 3/5/24, the order was changed to Glucerna (calorically dense formula) due to the unavailability of Nepro. The resident was hospitalized on [DATE] and diagnosed with metabolic encephalopathy (a neurological disorder not caused by primary structural abnormality and caused by chemical imbalance in the blood, by illness or organs not working like they should), uremia (a buildup of waste products in the blood that occurs as a result of untreated kidney failure) and hypernatremia (net water loss or excess sodium intake). The census was 79.</p> <p>Review of the facility's Medication Administration-Preparation and General Guidelines Policy, undated, showed:</p> <ul style="list-style-type: none"> -Medications are administered in accordance with written orders of the prescriber; -If a dose seems excessive considering the resident's age and condition or a medication order seems unrelated to the resident's current diagnoses or conditions, the nurse calls the provider pharmacy for clarification prior to the administration of the medication or if necessary, contacts the prescriber for clarification. This interaction with the pharmacy and/or prescriber and the resulting order clarification are documented in the nursing notes and elsewhere in the medical record as appropriate; -Documentation (including electronic): The individual who administers the medication dose records the administration on the resident's Medication Administration Record (MAR) directly after the medication is given. At the end of each medication pass, the person administering the medication review the MAR to ensure necessary doses were administered and documented. In no case should the individual who administered the medications report off-duty without first recording the administration of any medications. <p>Review of the facility's Tube Feeding Management Protocol, provided on 4/29/24, at 8:35 P.M., showed:</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Oak Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6637 Berthold Avenue Saint Louis, MO 63139	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Enteral/Parental (nutrition given through the vein) feeding will be documented on the MAR, and/or Treatment Administration Record (TAR) which will be completed each shift by Nursing;</p> <p>-Nursing will monitor and document for feeding complications and tolerances/intolerances to Tube Feeding (TF)/Parental Document in nursing notes as well any negative outcomes in nurses' notes. Weekly weight monitoring will continue until stable;</p> <p>-If resident receives an oral diet in addition to nutrition support, Nursing personnel will monitor and document the resident's eating performance and abilities. (Document % of supplement if taken and oral diet on meal intake form, Certified Nursing Assistant (CNA) sheet or Nursing notes);</p> <p>-Nursing administers, monitors and documents the type, rate and volume of nutritional support as ordered or documents reason for variance.</p> <p>-Nursing Service will send a consultation order to Nutrition Services requesting resident nutritional assessment by the Consultant Dietitian within 24 hours of admission or Monday for Weekend Admissions. Recommendations for changes to the original tube feeding and/or water flushes should be provided to the Director of Nursing (DON)/designee immediately upon completion of the consultation;</p> <p>-DON and/or designee are responsible for training and monitoring of nursing personnel on nutrition support procedures, documentation, and orders.</p> <p>Review of Resident #1's hospital discharge documents, dated 2/27/24 at 1:16 P.M., showed:</p> <p>-Physician's orders included: water flushes 180 ml, per the feeding tube, every four hours; Nepro 50 ml/hr, per the feeding tube, continuous; Furosemide (Lasix, a diuretic, treats fluid retention) 40 milligrams (mg), per feeding tube, once a day.</p> <p>Review of the resident's progress notes, showed:</p> <p>-On 2/27/24 at 5:00 P.M., the resident was transferred from the hospital to the facility. The resident was flaccid (soft or weak) on his/her right side and has aphasia. The resident could not communicate and was alert and oriented to self and place. The resident was nothing by mouth (NPO) with a g-tube order for Nepro 1.8 50 ml/hr continuous with 100 ml water every four hours. The resident's orders were verified by the Nurse Practitioner (NP).</p> <p>Review of the resident's MAR, dated 3/1/24 through 3/31/24, showed:</p> <p>-An order, dated 2/27/24, for Lasix, give 40 mg per feeding tube every day for heart failure. Documentation showed the facility administered the medication according to the physician order;</p> <p>-An order, dated 2/27/24, to flush tube with 100 mls of water every 4 hours, every shift, for supplement, showed the facility left the documentation blank for 7A-7P shift on 3/1, 3/2, 3/3, 3/6, 3/8, 3/9 and 3/10. The facility left the documentation blank for 7P-7A shift on 3/4;</p> <p>-An order, dated 2/27/24, for Nepro 50 ml/hr, continuous, every shift for supplement, showed the facility left the documentation blank for 7A-7P shift on 3/1, 3/2, and 3/3. The facility also left documentation blank for 7P-7A shift on 3/4/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Oak Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6637 Berthold Avenue Saint Louis, MO 63139	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's progress notes, dated 3/5/24 at 1:57 P.M., showed the resident's tube feeding was changed to Glucerna 1.2 related to increased blood sugar levels.</p> <p>Review of the resident's MAR, dated 3/1/24 through 3/31/24, showed an order, dated 3/5/24, for Glucerna 1.2 at 50 ml/hr continuous for every shift for supplement. The facility left documentation blank for 7A-7P shift on 3/6, 3/7, 3/8, 3/9, 3/10, 3/12 and 3/13.</p> <p>Review of the resident's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 3/5/24, showed:</p> <ul style="list-style-type: none"> -admitted on [DATE]; -Rarely/never understood by others; -Rarely/never understands others; -Short and long term memory problems; -Severely impaired cognition skills for daily decision making; -Inattention present; -Impairment to upper and lower body on one side; -Dependent on one or two staff members for all activities of daily living (ADLs); -Diagnoses included: heart failure, kidney disease, diabetes mellitus, aphasia (language disorder affecting ability to communicate), stroke, hemiparesis (muscle weakness or partial paralysis on one side of the body), and malnutrition; -Feeding tube present; -Received 51% or more of total calories received through parenteral (nutrition given through the vein) or tube feeding; -Received an average of 501 mls of fluid intake per day intravenously (IV, through the vein) or tube feeding. <p>Review of the resident's care plan, undated, showed:</p> <ul style="list-style-type: none"> -Focus: Alternative nutritional intake via tube feeding. Interventions included: Resident was dependent with tube feeding and water flushes, see physician orders for current feeding orders; Assist with tube feeding and water flushes; -Focus: Resident has renal (kidney) insufficiency; Interventions included: Dietary consult to regulate protein, Na and potassium (K) intake. <p>Review of the resident's progress notes, showed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Oak Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6637 Berthold Avenue Saint Louis, MO 63139	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>-On 3/8/24 at 3:08 P.M., a nurse's skilled evaluation showed the resident was lethargic, oriented to person and was on tube feeding;</p> <p>-On 3/11/24 at 3:57 P.M., a nurse's skilled evaluation showed the resident was confused, disoriented, inattentive, stuporous and oriented to person. Last bowel movement on 3/11/24 had blood streaks/melena (dark tarry stool);</p> <p>-On 3/12/24 at 9:59 P.M., new orders were obtained from NP, related to dark colored stools and bloody drainage to penis as reported per staff.</p> <p>Review of the resident's nutritional evaluation, dated 3/13/24 at 10:10 A.M., showed:</p> <p>-The resident was NPO;</p> <p>-The resident appeared to be tolerating tube feeding per nursing;</p> <p>-The resident had a diagnosis of moderate protein-caloric malnutrition, at risk for dehydration and weight loss;</p> <p>-Recommended to increase water flushes to 150 to 200 ml every fours hours, obtain weekly weights and follow up on labs.</p> <p>Review of the resident's progress notes, showed:</p> <p>-On 3/13/24 at 5:21 P.M., the NP progress note: resident was seen for DM management, with recent reports from staff of elevated blood glucose (BG, amount of sugar in blood) trends and dark tarry stools. The resident's mouth had dry thick build up which was difficult to visualize as the resident refused to open his/her mouth open. New orders to get labs to assess for a possible gastro-intestinal (GI, digestive tract) as well as nutritional status and to get weekly weights;</p> <p>-On 3/14/24 at 11:24 P.M., showed the resident change of condition. The lab called to report the resident had a critical BUN level of 157. The nurse called the Primary Care Physician (PCP) and was waiting for a call back;</p> <p>-Record review showed no progress note showing when the resident left the facility or why.</p> <p>Review of the resident's lab results, reported on 3/14/24 at 12:07 P.M., showed:</p> <p>-Sodium (Na) high at 158 (normal range 136-145);</p> <p>-Chloride (Cl) high at 119 (normal range 98-110);</p> <p>-BUN critically high at 157 (normal range 7-25);</p> <p>-Creatine high at 2.2 (normal range 0.7 - 1.3).</p> <p>Review of the resident's hospital admission documents, showed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Oak Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6637 Berthold Avenue Saint Louis, MO 63139	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>-A physician's note, dated 3/14/24 at 12:41 P.M., the resident was admitted to the emergency room from the facility due to abnormal BUN, NA, and white blood count (WBC). The resident appeared dehydrated especially related to his/her oral mucosa (mouth and throat);</p> <p>-A critical care physician note, dated 3/14/24, the physician was present while the resident was critically ill and provided critical care services. Critical care was necessary to treat or prevent imminent or life-threatening deterioration of dehydration, uremia and altered mental status;</p> <p>-On 3/15/24, a physician's progress note: the resident was treated for metabolic encephalopathy, uremia, hypernatremia of uncertain etiology- possibly hypovolemic hypernatremia as evidenced by NA of 158 and BUN greater than 100 and a change in mental status; Assessment and Plan showed, hypernatremia, likely due to decreased PO intake;</p> <p>-A discharge summary of hospital stay, dated 4/5/24, the resident had several episodes of melena for which GI was consulted. An esophagogastroduodenoscopy (EDG, examination of upper GI tract), colonoscopy (examination of rectum and colon) and a video capsule endoscopy (procedure to examine GI tract, areas not visualized by EDG or colonoscopy) were performed and the results showed no source of an internal bleed.</p> <p>During an interview on 4/10/24 at 4:17 P.M., the Administrator said:</p> <p>-She expected nurses to read the orders and follow them as written by the PCP;</p> <p>-She expected the nurse to call the PCP and clarify orders if they had any questions;</p> <p>-The DON and ADON were responsible for reading the RD notes and verify any orders with the PCP, then write the orders in residents' POS;</p> <p>-If the MAR had a check mark documented, that meant the task was completed;</p> <p>-If the MAR had an X documented, that meant the order was put in without requiring any nursing staff to document;</p> <p>-If the MAR or TAR had a blank documented, that meant the nurse failed to document on that order;</p> <p>-The risk for dehydration for residents who were NPO, and dependent on tube feedings and water flushes was high;</p> <p>-If residents were receiving tube feedings and water flushes, she expected nursing staff to give water flushes as ordered.</p> <p>During an interview on 4/25/24 at 10:04 A.M., Licensed Practical Nurse (LPN) B said:</p> <p>-He/She was assigned to the resident whenever he/she worked the day shift (7:00 A.M. through 7:00 P.M.) and was the resident's main day nurse;</p> <p>-Nurses were expected to document intake and output totals every 24 hours in a resident's MAR;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Oak Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6637 Berthold Avenue Saint Louis, MO 63139	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Nurses were expected to read all orders before administering TF and/or water flushes;</p> <p>-The resident had an order for a continuous tube feed with water flushes every four hours. He/She set up the resident's TF and water flushes to run on one pump when he/she had the resident on his/her assignment;</p> <p>-Nurses were expected to document accurately in residents' MAR/TAR while on shift;</p> <p>-If there was a blank in the MAR/TAR, it meant the nurse did not document;</p> <p>-He/She did not know why the resident's MAR/TAR showed blanks in the documentation for the TF and water flush orders;</p> <p>-LPN B expected the DON to notify him/her if he/she was not documenting in the resident's MAR/TAR so LPN B could correct it;</p> <p>-He/She was not notified by the DON of any missed documentation, and he/she did not receive any education from the DON regarding missed documentation in the resident's medical record;</p> <p>-The resident was sent out to the hospital due to the family's request after they were notified of the resident's elevated BUN lab result;</p> <p>-He/She did not notice the resident had any signs or symptoms of dehydration such as dry skin, dry oral mucosa (mouth and tongue), sunken features in his/her face or poor skin turgor (elasticity of skin);</p> <p>-The resident's family visited every day and were there all hours of the day, into the evening. They were very involved in the resident's care.</p> <p>During an interview on 4/25/24 at 11: 9 A.M., two of the resident's family members said:</p> <p>-Family visited the resident every day, at different times, during his/her stay at the facility;</p> <p>-One of the family members was there almost every day from 12:00 P.M. until 7:00 P.M. The other family member was there almost every day from around 8:00 A.M. until late afternoon or after the dinner hour;</p> <p>-During their visits, they saw the resident was receiving TF continuously through a pump. There was never a water flush bag hung with the TF to give water flushes through the pump;</p> <p>-The only day they saw the resident receiving the TF with the water flush set up through the pump was on 3/14/24, the day the resident was sent out to the hospital due to the results of his/her lab report;</p> <p>-They did not witness nurses give the resident water flushes manually during their visits;</p> <p>-The family was knowledgeable about how a TF with water flushes would be set up on a pump as the resident had the same order in the hospitals he/she was at prior to admission to the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Oak Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6637 Berthold Avenue Saint Louis, MO 63139	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/26/24 at 10:48 A.M., the Registered Dietician (RD) said:</p> <ul style="list-style-type: none"> -She was supposed to do nutritional evaluations on all new admissions/re-admissions; -She didn't know about the resident until she came in on her regularly scheduled visit on 3/13/24; -The facility did not notify her when the resident was admitted on [DATE]; -She completed a nutritional evaluation on the resident as he/she was listed on the new admissions report. She did not know the resident received tube feeds until she looked at his/her chart; -The facility needed to do a better job of informing her when residents received TF, as they were very fragile. Her company policy stated the RD needed to complete nutritional evaluations on all residents on TF upon admit; -She did not have access to residents' MAR/TAR to see if the facility was administering tube feeds and water flushes as ordered. She needed access to that information to see if residents were getting their TF and flushes as ordered; -She expected the nurses to accurately document in the MAR/TAR as it affected the plan of care; -If residents were not getting TF or water as ordered, they were at extreme risk for dehydration. There was no other way for them to get fluids if they were nothing by mouth (NPO); -The failure to provide the resident's TF and water flushes as ordered would cause significant dehydration; -The RD said nothing else would have caused the resident's significant dehydration as found in his/her elevated BUN, Creatine, Na and Cl labs which resulted on 3/14/24. <p>During an interview on 4/29/24 at 10:05 A.M., the Administrator and DON said:</p> <ul style="list-style-type: none"> -They expected nursing staff to document accurately and truthfully as it affected the plan of care; -They expected the order for a water flush every four hours to be written on the MAR/TAR with specific times to administer; -They were unable to determine if a resident received a water flush every four hours if the MAR only showed documentation for the day shift and night shift; -The DON audited the orders on residents' admission and/or re-admission for accuracy; -The DON audited medicine/treatment administration every day. If there was missing documentation or if a medication/treatment was not given as ordered, the DON would ask the nurse or CMT what happened and have them make corrections as needed; -They expected nursing staff to have knowledge of, and to follow, facility policies. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Oak Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6637 Berthold Avenue Saint Louis, MO 63139	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/29/24 at 11:22 A.M., the facility Nurse Practitioner (NP) said:</p> <ul style="list-style-type: none"> -He visited the facility three times a week to care for residents; -He would see residents who had acute conditions as indicated by a review of the facility report and the residents who the nurses requested him to assess/evaluate; -The resident came in from an acute long term hospital with an order to give Nepro continuously, with water flushes; -He was not aware the nurses were not giving the resident's TF or water flushes as ordered; -He expected nurses to follow orders as given by himself or the Primary Care Physician (PCP); -He expected nurses to document accurately as he looks at residents' medical record when assessing residents. Inaccurate documentation could affect residents' plan of care. <p>During an interview on 4/29/24 at 1:48 P.M., the Primary Care Physician (PCP) said:</p> <ul style="list-style-type: none"> -He expected nurses to follow the discharge orders as given from residents' hospital stay; -He expected nurses to follow physician orders as written; -He expected nurses to document accurately, as it affects the plan of care; -He expected the RD to assess and evaluate residents who were NPO and received all their nutrition and water via a g-tube upon admission; -The nurse who put in the order for a water flush 100 ml/hr, four times a day made a mistake. The order should have followed the discharge order from the resident's hospital stay. The order should have been water flushes, 180 mls/hr, four times a day; -He was not aware the resident was not receiving TF or water flushes as ordered; -The resident's high BUN level could have been caused by dehydration or due to the resident passing melena (bloody) stool. <p>During an interview on 4/29/24 at 7:34 P.M., the Regional Nurse Consultant (RNC) said:</p> <ul style="list-style-type: none"> -They currently did not have a Tube Feeding Policy; -She educated nursing staff on the professional standards of care for tube feeding, using the Tube Feeding Management Protocol. <p>During an interview on 5/1/24 at 8:43 A.M., the DON said:</p> <ul style="list-style-type: none"> -She completed admission and re-admission audits on the day of resident's arrival to the facility, the next day, or on Monday if they were a weekend admit; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Oak Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6637 Berthold Avenue Saint Louis, MO 63139	

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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>-She verified residents' tube feed and water flush orders from the hospital were correct;</p> <p>-If there was a discrepancy between the facility admission orders and the discharge orders from the hospital, she would call the PCP and verify orders;</p> <p>-She would notify the RD of residents with tube feed orders within 24 hours of admission/re-admission or on Monday if the resident was a weekend admission;</p> <p>-Both she and the ADON were responsible for pulling a daily medication administration report to review for missing documentation and/or residents not receiving medications;</p> <p>-They would notify the nurse or Certified Medication Technician (CMT) if they had any questions regarding their documentation in residents' MAR or TAR;</p> <p>-She expected nurses to follow physician orders as they were written;</p> <p>-She did not regularly check the daily medication administration reports in March as the facility was short-staffed and she was often pulled to work as a nurse. There was no ADON on staff at that time.</p> <p>MO00233756</p>