

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455493	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/29/2024
NAME OF PROVIDER OR SUPPLIER Vista Hills Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1599 Lomaland Dr El Paso, TX 79935	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45217</p> <p>Based on observation, interview, and record review the facility failed to assure that one (Resident #5) of seven residents reviewed for enteral feeding, received appropriate treatment and services to prevent complications of enteral feeding.</p> <p>-The facility failed to ensure that Resident #5's feeding tube bags were labeled with name of resident, date, and time the administration began to ensure residents maintain nutritional status within optimal parameters.</p> <p>This failure could place residents receiving enteral feedings at risk of not being provided the correct enteral feeding and not receiving feeding care in a timely manner to prevent complications.</p> <p>Findings included:</p> <p>Record review of Resident #5's face sheet dated [DATE], revealed a [AGE] year-old male who was originally admitted to the facility on [DATE] and readmitted on [DATE]. Diagnosis included dysphagia (difficulty swallowing) and gastrostomy status (surgical procedure used to insert a tube through the abdomen and into the stomach).</p> <p>Record review of Resident #5's MDS assessment dated [DATE], revealed the resident is rarely/never understood. The Swallowing/Nutritional Status section revealed a feeding tube was in place and the resident had not had weight loss or gain of 5% in the last month or 10% or more in the last 6 months.</p> <p>Record review of Resident#5's weight records dated [DATE] to [DATE], revealed no significant weight loss or weight gain.</p> <p>Record review of Resident #5's comprehensive care plan dated [DATE] revealed Resident #5 required the use of a feeding tube and was at risk for aspirations, weight loss, and dehydration. Feeding tube is related to not eating enough to meet daily nutritional requirements., significant weight loss. Interventions in place included administer tube feeding and water flushes as ordered.</p> <p>Record review of Resident #5's physician order dated [DATE] revealed Enteral Feed Order in the evening Enteral Feeding Continuously: Formula: Jevity 1.2, Rate: 60 ml/hr.</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>Observation on [DATE] at 2:03 p.m., of Resident #5 revealed the tube feeding container was infusing via pump and into the resident. The feeding tube was set at 60 ml/hr. The enteral feeding bag was not labeled with the feeding formula name, resident's name, the date, the time it was hung, the initials of who had hung it, and tube feeding order information. The hanging water bag had a label that read Jevity 1.2 at 55 ml.hr.</p> <p>During an interview and observation on [DATE] at 2:09 p.m., LVN C said she changed Resident #5's feeding bag on [DATE] at 7:00 p.m. LVN C said she used a sticker type label and that the label must have fallen off. Label not located through search of room. LVN C said she did not know what happened to the label. LVN C said the setting of 60 m/hr was correct but the sticker label on water bag was wrong. LVN C said that it was her mistake when she placed the sticker label on the water bag with incorrect information. LVN C said Resident #5's automatic feeding machine was at the correct setting per orders.</p> <p>During an interview on [DATE] at 9:30 a.m., the DON said Resident #5 had not experienced any significant weight loss or weight gain or any complications with tube feeding. The DON said the risk of failing to label an enteral feeding bag was possibility of not knowing if the feeding is at the appropriate rate, speed and how old the formula was. The DON said the risk could be using an expired product or the wrong product.</p> <p>Record review of facility policy titled Gastrostomy Tube Care dated 2007, reads in part Labeling/Dating - formula and or feedings should be labeled with at least the date and time the administration begun.</p>