

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 08/02/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43871</p> <p>Based on observation, interview, and record review the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment for 1 of 6 residents (Resident #6) reviewed for care plans.</p> <p>The facility failed to ensure the a care plan was developed to include Resident #6's head of bed being elevated to 30 degrees due to continuous enteral feeding .</p> <p>This deficient practice could place residents at risk of not receiving the necessary care or services and having personalized plans developed to address their needs.</p> <p>Findings include:</p> <p>Record review of Resident #6's face sheet, dated 08/01/24, revealed an [AGE] year-old male who was admitted to the facility on [DATE]. Resident #6 has diagnoses which included gastrostomy status (medical procedure where a tube, often called a G-tube, is inserted through the abdominal wall directly into the stomach), dementia (loss of cognitive functioning - thinking, remembering, and reasoning - to such an extent that it interferes with a person's daily life and activities), anxiety (feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome), anorexia (loss or lack of appetite) and dysphagia (difficulty swallowing).</p> <p>Record review of Resident #6's significant change in condition MDS assessment, dated 07/14/24, revealed his BIMS score was 3, indicating he was severely cognitively impaired and was on enteral feeding.</p> <p>Record review of Resident #6's physician order, dated 07/12/24 , revealed every shift head up at least 30 degrees during administration of enteral formula or water.</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: 455493	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #6's care plan, dated 07/26/24, revealed a focus area for requires tube feeding related to dysphagia with goals which included will be free of aspiration through the review date and interventions which included check for tube placement and gastric contents/residual volume per facility protocol and record; clean insertion site daily as ordered, monitoring signs and symptoms of infection or skin breakdown such as redness, pain, drainage, swelling, and/or ulceration and report to MD if symptoms arise; may use wan declogger, to unclog feeding tube. The care plan did not address the head of bed to be elevated at least 30 degrees during administration of enteral feeding.</p> <p>During observation and interview on 08/21/24 at 2:58 PM, ADON A stated her observation was that Resident #6's head of bed was not elevated at least 30 degrees. ADON A stated CNAs and charge nurses were responsible for ensuring residents who were on continuous enteral feeding-maintained the head of bed elevated at least 30 degrees. ADON A stated residents who received continuous enteral feeding and the head of the bed were not elevated were at risk for aspiration. ADON A stated CNAs and charge nurses were expected to ensure residents were positioned correctly during their rounds and as needed when providing any type of care. ADON A stated CNAs and charge nurses received enteral feed treatment and care training upon hire. ADON A stated ADONs and DON conducted spot check during their daily rounds to oversee care provided to residents.</p> <p>During an interview on 08/01/24 at 3:05 PM, RN B stated she was the charge nurse for Resident #6 and had conducted her initial round at the beginning of her shift at 2:00 PM. RN B stated she saw Resident #6 in his bed with the head elevated at least 30 degrees. RN B stated Resident #6's assigned CNA was busy providing a shower to a different resident. RN B stated all nursing staff were responsible for ensuring residents who received continuous enteral feeding head of bed were always elevated at least 30 degrees while in bed. RN B stated she received training regarding enteral feeding care upon hire. RN B stated the risk included aspiration.</p> <p>During an observation and interview on 08/02/24 at 1:40 PM, Resident #6 was in bed and the head of bed was elevated at least 30 degrees. Resident #6 was on continuous enteral feeding. Resident #6's family member was at the bedside and stated he visited Resident #6 at least twice weekly. Resident #6's family member stated the times he visited, Resident #6's head of bed was elevated. Resident #6 denied any concerns with the care provided by the facility.</p> <p>During an interview on 08/02/24 at 1:49 PM, MDS Nurse C stated she was the MDS nurse responsible for Resident #6's care plan. MDS Nurse C stated Resident #6's care plan did not include the head of bed to be elevated as an intervention. MDS Nurse C stated Resident #6's care plan should have the head of the bed elevated as an intervention due to having physician orders for it. MDS Nurse C stated by not having the head of the bed elevated as an intervention could affect Resident #6's monitoring. MDS Nurse C stated she had overlooked the interventions and risk included lack of monitoring.</p> <p>During an interview on 08/02/24 at 2:12 PM, the DON stated the MDS Nurses were responsible for completing the comprehensive person-centered care plan. The DON stated residents who received continuous enteral feeding should include the head of bed elevated as ordered by the physician. The DON stated nursing administration oversaw care plans once a week. The DON stated failure to include the head of bed elevated as ordered could affect the monitoring of positioning that could result in aspiration.</p> <p>(continued on next page)</p>		

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 08/02/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/02/24 at 2:38 PM, the Administrator stated the MDS Nurses were responsible for ensuring all interventions as ordered per physician were included in the resident's care plan. The Administrator stated the nursing administration was responsible for conducting spot checks on care plans. The Administrator stated by not including Resident #6's head of bed elevated as ordered by the physician in his care plan could affect the monitoring of positioning.</p> <p>Record review of the facility's, undated, Comprehensive Care Planning policy read in part The facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan will describe the following- the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. Each resident will have a person-centered comprehensive care plan developed and implemented to meet his other preferences and goals, and address the resident's medical, physical, mental, and psychosocial needs. The comprehensive care plan will reflect interventions to enable each resident to meet his/her objectives. Interventions are specific care and services that will be implemented.</p>		

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 08/02/2024
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** 43871</p> <p>Based on observation, interview and record review the facility failed to ensure a resident who was fed by enteral means received the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers for 1 of 6 residents (Resident #6) reviewed for enteral feeding .</p> <p>The facility failed to ensure Resident #6's head of bed was maintained at 30 degrees elevated according to physicians' orders.</p> <p>The failure could place residents at risk of aspiration (when food or liquid goes into the lungs or airway).</p> <p>Findings include:</p> <p>Record review of Resident #6's face sheet, dated 08/01/24, revealed an [AGE] year-old male who was admitted to the facility on [DATE]. Resident #6 has diagnoses which included gastronomy status (medical procedure where a tube, often called a G-tube, is inserted through the abdominal wall directly into the stomach), dementia (loss of cognitive functioning - thinking, remembering, and reasoning - to such an extent that it interferes with a person's daily life and activities), anxiety (feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome), anorexia (loss or lack of appetite) and dysphagia (difficulty swallowing).</p> <p>Record review of Resident #6's significant change in condition MDS assessment, dated 07/14/24, revealed his BIMS score was 3, which indicated he was severely cognitive impaired and was on enteral feeding.</p> <p>Record review of Resident #6's physician order, dated 07/12/24, revealed every shift head up at least 30 degrees during administration of enteral formula or water.</p> <p>Record review of Resident #6's care plan, dated 07/26/24, revealed a focus area for requires tube feeding related to dysphagia with goals of will be free of aspiration through the review date and interventions that included check for tube placement and gastric contents/residual volume per facility protocol and record; clean insertion site daily as ordered, monitoring signs and symptoms of infection or skin breakdown such as redness, pain, drainage, swelling, and/or ulceration and report to MD if symptoms arise; may use wan declogger, to unclog feeding tube.</p> <p>During an observation and interview on 08/01/24 at 2:56 pm, Resident #6 was lying in his bed and head of bed not elevated, he was lying flat. Resident #6 was receiving continuous enteral feeding. Resident #6 was alert and oriented to person only. Resident #6 did not appear to be in distress .</p> <p>(continued on next page)</p>		

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 08/02/2024
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>During observation and interview on 08/01/24 at 2:58 pm, ADON A stated Resident #6's head of bed was not elevated at least 30 degrees. ADON A stated CNAs and charge nurses were responsible for ensuring residents who were on continuous enteral feeding-maintained the head of bed elevated at least 30 degrees. ADON A stated residents who received continuous enteral feeding and the head of the bed were not elevated were at risk for aspiration. ADON A stated CNAs and charge nurses were expected to ensure residents were positioned correctly during their rounds and as needed when providing any type of care. ADON A stated CNAs and charge nurses received enteral feed treatment and care training upon hire. ADON A stated the ADONs and the DON conducted spot checks during their daily rounds to oversee care provided to residents.</p> <p>During an interview on 08/01/24 at 3:05 PM, RN B stated she was the charge nurse for Resident #6 and conducted her initial round at the beginning of her shift at 2:00 PM. RN B stated she saw Resident #6 in his bed with the head elevated at least 30 degrees. RN B stated Resident #6's assigned CNA was busy providing a shower to a different resident. RN B stated all nursing staff were responsible for ensuring residents who received continuous enteral feeding head of bed were always elevated at least 30 degrees while in bed. RN B stated she received training regarding enteral feeding care upon hire. RN B stated risk included aspiration.</p> <p>During an interview on 08/01/24 at 4:43 PM, the MD stated it was expected for staff the keep residents who received continues feeding head of bed elevated at least 30 degrees. The MD stated there was a standing order for this intervention. The MD stated risks included aspiration.</p> <p>During an interview on 08/02/24 at 2:12 PM, the DON stated it was expected for all nursing staff to ensure residents who received continuous enteral feeding head of bed was kept elevated at least 30 degrees. The DON stated nursing staff should be checking positioning during their daily rounds. The DON stated nursing administration conducted spot checks during their daily rounds to ensure proper positioning for enteral feeding residents. The DON stated risks included aspiration. The DON stated all nursing staff received training regarding enteral feeding care upon hire and continuous verbal reminders.</p> <p>During an interview on 08/02/24 at 2:38 PM, the Administrator stated all staff were responsible for ensuring residents who received continuous enteral feedings head of bed was elevated at least 30-45 degrees while in bed. The Administrator stated any staff who were not clinical had also been trained to call any nursing staff for the residents to be repositioned. The Administrator stated all staff received enteral feeding care training upon hire and continuous verbal training. The Administrator stated the risk included aspiration.</p> <p>Record review of Gastronomy Tube Care policy, dated 02/13/2007, read in part . Procedure: Maintain the resident in semi high fowler's (a position in which the individual lies on their back on a bed with the head of the bed elevated at 30-45 degrees) position for 45-60 minutes following feeding. The policy did not specify position for continue feeding.</p>		