

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455626	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/07/2026
NAME OF PROVIDER OR SUPPLIER  Oakmont Guest Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2712 N Hurstview Hurst, TX 76054	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure residents who are fed by enteral means received the appropriate treatment and services to prevent complications of enteral feeding for 1 (Resident #1) of 4 residents reviewed for nutrition. -On 01/07/26 the facility failed to ensure Resident #1 received appropriate treatment to prevent complications of enteral feeding when LVN A did not connect the resident's g-tube to the feeding pump, causing the formula to waste onto the floor for approximately 1.5 hours. This failure could place residents who receive enteral feeding at risk for inadequate nutrition and hydration, which could cause a decline in health. Findings included: Record review of Resident #1's face sheet, dated 01/07/26, reflected a [AGE] year-old female who admitted to the facility on [DATE] with diagnoses that included: type II diabetes (body's inability to control blood sugar levels), gastrostomy status (g-tube placement), dysphagia, pharyngeal phase (difficulty moving food from the throat to the esophagus), muscle wasting atrophy (loss of muscle tissue and mass), and malignant neoplasm of endometrium (cancer of the uterus). Record review of Resident 1's Nursing Home Comprehensive MDS assessment, dated 12/22/25, reflected her BIMS score was 00, which indicated it could not be determined either due to refusal or inability to participate. The MDS Assessment under Section GG-Functional Abilities, reflected Resident #1 was dependent on staff for most ADLs. The MDS Assessment under Section K-Swallowing/Nutritional Status reflected Resident #1 required a feeding tube for nutrition. Record review of Resident 1's care plan, revised on 01/07/26, reflected the resident required tube feeding and would remain free of side effects or complications with interventions that included: obtaining and monitoring diagnostic work as ordered and reporting results to MD, receiving a speech therapy evaluation and treatment as ordered, and following current feeding orders. Record review of Resident #1's consolidated physician orders, dated 01/07/26, reflected in part the following:-NPO (nothing by mouth) diet related to dysphasia, pharyngeal phase. Start date: 12/19/25-G-Tube: every shift Diabetic Source 1.5 at 55ml/hr. x 22 hr./day with 175 ml water q 4 hr. flush. Start date: 12/19/25-G-Tube: downtime 8:00 AM-10:00 AM one time a day. Start date: 01/07/26. Discontinue date: 01/07/26-G-Tube: downtime 8:30 AM-10:00 AM one time a day. Start date: 01/08/26 Record review of a video provided by Resident #1's RP, dated 01/07/26 at 12:16 PM, revealed the resident's G-tube was disconnected from the pump and closed off. The video also revealed a puddle of formula on the floor from when the pump was running without being connected to Resident #1's G-tube. Record review of Resident #1's progress notes, dated 01/07/26 at 1:13 PM written by the DON, reflected the following: [MD] notified that [Resident #1's] G-tube feeding was noted disconnected, resulting in approximately 30 minutes of feeding wastage. [Resident #1] assessed; no acute distress noted. [MD] provided new order to extend tube feeding by an additional 30 minutes to compensate for missed volume. RP made aware. Will continue to monitor. In an observation and interview on 01/07/26 at 10:45 AM, Resident #1 was observed to be lying</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  455626	Facility ID:  455626  If continuation sheet Page 1 of 3

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