STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555158	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
El Centro Post-Acute Care	1700 S. Imperial Ave El Centro, CA 92243

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)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36471 Based on observation, interview, and record review, the facility failed to ensure the tube feeding (the amount of formula) order on the Medication Administration Record (MAR) was the same as the physician's order for one of three sampled residents (1). As a result, there was a potential for Resident 1 to receive an incorrect tube feeding amount. Findings: Resident 1 was admitted to the facility on [DATE] with diagnoses that included diabetes (a disease that occurs when the blood glucose [blood sugar} is too high) and gastrostomy (artificial opening to the stomach to feed), per the Admission Record. On 5/7/24 at 1 P.M., an observation was conducted. Resident 1 was with a family member. The tube feeding had a label for Glucerna 1.5 (the name of the tube feeding formula) 50 millimeters per hour (ml/hr). A record review was conducted. Per the Order Summary Report, dated 4/11/24, Resident 1 was to receive Glucerna 1.5 at 60 ml/hr for eight hours, to start at 8 P.M. until 4 A.M. or until the volume order was completed. Per the Medication Administration Record (MAR) for April 2024, Resident 1 had an order for Glucerna 1.5 at 60 ml/hr for eight hours from 8 P.M. until 4 A.M., or until the volume order was completed, with a start [order] date of 4/12/24; however, there was no signatures from the licensed nurses that this order was followed. Per the same MAR, The licensed nurses signed the order for Resident 1's Glucerna 1.5 at 50 ml/hr for 20 hours, from 12 noon until 8 A.M., or until the volume order was completed, with a start [order] date of 3/20/24. The licensed nurses consistently signed the MAR on the morning, evening, and night shifts, indicating that Resident 1 received 50 ml/hr for 20 hrs of the formula instead of 60 ml/hr for 8 hrs. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555158	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
El Centro Post-Acute Care	1700 S. Imperial Ave El Centro, CA 92243

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)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/4/24 at 11 A.M., a joint interview and record review was conducted with the Registered Dietitian (RD). The RD stated Resident 1 was eating well by mouth and recommended that the physician change the tube feeding volume so that Resident 1 could increase meal intake by mouth without being connected to the feeding machine. The RD further stated the MAR did not match the physician's order, which could affect Resident 1's weight and ability to eat more food by mouth. On 6/5/24 at 9:10 A.M., a joint interview and record review was conducted with the Assistant Director of Nursing (ADON). The ADON stated they noted a discrepancy between the physician's order and the MAR. The ADON further stated the physician orders should match the MAR. The facility did not provide a policy and procedure.