

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675002	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/01/2024
NAME OF PROVIDER OR SUPPLIER  Retama Manor Nursing Center/San Antonio West		STREET ADDRESS, CITY, STATE, ZIP CODE  636 Cupples Rd San Antonio, TX 78237	

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** 48366</b></p> <p>Based on observation, interviews, and record review, the facility failed to ensure a resident who was fed by enteral means received the appropriate treatment and services to prevent complications from enteral feeding for 1 (Resident #1) of 3 residents reviewed for enteral feeds, in that:</p> <p>The facility failed to ensure Resident #1's doctor's orders of administering water, before initiating feeding, were being followed.</p> <p>This failure could place residents at risk of not receiving the proper hydration requirements prescribed by the physician.</p> <p>The findings included:</p> <p>Record Review of Resident #1's admission record, dated 08/31/24, reflected a [AGE] year-old female initially admitted [DATE] with diagnoses to include dysphagia (difficulty in swallowing) following cerebral infarction (stroke) and dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities).</p> <p>Record Review of Resident #1's significant change in status MDS assessment, dated 07/22/24, reflected Resident #1 was inappropriate for a BIMS score evaluation and had short and long-term memory problems. It further reflected Resident #1 had a feeding tube while not a resident and while a resident.</p> <p>Record Review of Resident #1's doctor's orders, dated 08/31/24, reflected Enteral feed order every 6 hours Give Glucerna 1.5 bolus 237ml and Enteral Feed Order every shift Flush with 100 mLs H2O before/after meds total 200ml, before initiating feeding or when there is an interruption of feeding to maintain Tube Patency., with start date 07/18/24.</p> <p>Record review of Resident #1's care plan, dated 08/31/24, reflected {Resident #1} requires tube feeding r/t dysphagia, swallowing problem, initiated 07/02/24, with intervention Enteral feed order every 6 hours Give Glucerna 1.5 bolus 237ml, initiated 07/03/24, and Enteral Feed Order every shift Flush with 100 mLs H2O before/after meds total 200ml, before initiating feeding or when there is an interruption of feeding to maintain Tube Patency., initiated 07/18/24.</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:  675002	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/01/2024
NAME OF PROVIDER OR SUPPLIER  Retama Manor Nursing Center/San Antonio West		STREET ADDRESS, CITY, STATE, ZIP CODE  636 Cupples Rd San Antonio, TX 78237	
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 an interview and observation on 09/01/24 at 01:15 PM, LPN F was administering a bolus feeding to Resident #1 and did not administer 100ml water flush before giving a bolus feeding as prescribed . She revealed she typically does administer 100mls of water before Resident #1's bolus feeding, but she was nervous. She further revealed it was important to administer water before flushes to make sure the tube was clear.</p> <p>During an interview on 09/01/24 at 03:55 PM, the DON revealed she spoke with LPN F and LPN F shared deficiencies she performed while administering a bolus feeding to Resident #1 to include not administering 100ml water flush before administering the enteral formula per doctor's orders. After LPN F told the DON about her mistakes with Resident #1's enteral feeding, the DON revealed she educated LPN F on the policy for enteral nutrition.</p> <p>Record Review of the facility's policy, revised November 2018, Enteral Tube Feeding via Syringe (Bolus), reflected The purpose of this procedure is to provide nutritional support to residents unable to obtain nourishment orally . Preparation: 1. Verify that there is a physician's order for this procedure . Steps in the procedure: 9. When correct tube placement has been verified, flush tubing with at least 30 mL warm water (or prescribed amount) .</p> <p>Record Review of the facility's policy, revised November 2018, Enteral Nutrition, reflected, 3. The dietitian, with input from the provider and nurse: d. Calculated fluids to be provided . 4. Enteral nutrition is ordered by the provider based on the recommendations of the dietitian .5. Some examples of potential benefits for using a feeding tube include: a. Addressing malnutrition and dehydration; b. Promoting wound healing; and/or c. Allowing a resident to gain strength that may allow him or her to return to oral nutrition .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675002	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/01/2024
NAME OF PROVIDER OR SUPPLIER  Retama Manor Nursing Center/San Antonio West		STREET ADDRESS, CITY, STATE, ZIP CODE  636 Cupples Rd San Antonio, TX 78237	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48366</p> <p>Based on observation, interviews, and record reviews the facility failed to ensure that nurses were able to demonstrate competency in skills and techniques to provide nursing and related services for 1 of 3 residents (Resident #1) by 1 of 1 nurse (LPN F) reviewed for competent staff, in that:</p> <p>LPN F failed to provide water flushes for enteral nutrition before enteral formula was administered as ordered for Resident #1.</p> <p>This failure could place residents at risk for not receiving nursing services by adequately trained and licensed nurses and could result in a decline in health.</p> <p>The findings included:</p> <p>Record Review of Resident #1's admission record, dated 08/31/24, reflected a [AGE] year-old female initially admitted [DATE] with diagnoses to include dysphagia (difficulty in swallowing) following cerebral infarction (stroke) and dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities).</p> <p>Record Review of Resident #1's significant change in status MDS assessment, dated 07/22/24, reflected Resident #1 was inappropriate for a BIMS score evaluation and had short and long-term memory problems. It further reflected Resident #1 had a feeding tube while not a resident and while a resident.</p> <p>Record Review of Resident #1's doctor's orders, dated 08/31/24, reflected Enteral feed order every 6 hours Give Glucerna 1.5 bolus 237ml and Enteral Feed Order every shift Flush with 100 mLs H2O before/after meds total 200ml, before initiating feeding or when there is an interruption of feeding to maintain Tube Patency., with start date 07/18/24.</p> <p>Record review of Resident #1's care plan, dated 08/31/24, reflected {Resident #1} requires tube feeding r/t dysphagia, swallowing problem, initiated 07/02/24, with intervention Enteral feed order every 6 hours Give Glucerna 1.5 bolus 237ml, initiated 07/03/24, and Enteral Feed Order every shift Flush with 100 mLs H2O before/after meds total 200ml, before initiating feeding or when there is an interruption of feeding to maintain Tube Patency., initiated 07/18/24.</p> <p>During an interview and observation on 09/01/24 at 01:15 PM, LPN F was administering a bolus feeding to Resident #1 and did not administer 100ml water flush before giving a bolus feeding as prescribed . She revealed she typically does administer 100mls of water before Resident #1's bolus feeding, but she was nervous. She further revealed it was important to administer water before flushes to make sure the tube is clear.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675002	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/01/2024
NAME OF PROVIDER OR SUPPLIER  Retama Manor Nursing Center/San Antonio West		STREET ADDRESS, CITY, STATE, ZIP CODE  636 Cupples Rd San Antonio, TX 78237	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 09/01/24 at 03:55 PM, the DON revealed she spoke with LPN F and LPN F shared deficiencies she performed while administering a bolus feeding to Resident #1 to include not administering 100ml water flush before administering the enteral formula per doctor's orders . After LPN F told the DON about her mistakes with Resident #1's enteral feeding, the DON revealed she educated LPN F on the policy for enteral nutrition. The DON further revealed she could not find signed and completed Enteral nutrition competency paperwork for LPN F, however, the facility followed the guidelines specified in the facility's policy for enteral nutrition. The DON revealed she had been working as the DON for about a month, oversaw required training being done, and had plans to train the entire staff on required competencies in September 2024. She further revealed the nursing staff received their trainings upon hire, annually, and as needed.</p> <p>Record Review of the facility's policy, revised November 2018, Enteral Tube Feeding via Syringe (Bolus), reflected The purpose of this procedure is to provide nutritional support to residents unable to obtain nourishment orally . Preparation: 1. Verify that there is a physician's order for this procedure . Steps in the procedure: 9. When correct tube placement has been verified, flush tubing with at least 30 mL warm water (or prescribed amount) .</p> <p>Record Review of the facility's policy, revised November 2018, Enteral Nutrition, reflected, 3. The dietitian, with input from the provider and nurse: d. Calculated fluids to be provided . 4. Enteral nutrition is ordered by the provider based on the recommendations of the dietitian .5. Some examples of potential benefits for using a feeding tube include: a. Addressing malnutrition and dehydration; b. Promoting wound healing; and/or c. Allowing a resident to gain strength that may allow him or her to return to oral nutrition .</p>		