STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675459	A. Building B. Wing	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oasis at Austin	3509 Rogge LN Austin, TX 78723

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 - Immediate jeopardy to resident health or safety Residents Affected - Some	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** 42949 Based on observation, interview, and record review, the facility failed to ensure a resident who is fed by enteral means received the appropriate treatment and services to prevent complications of eternal feeding for two (Resident #1 and Resident #2) of eight residents reviewed for feeding tubes, in that: The facility failed to ensure Resident #1 and #2 had orders to flush their feeding tubes before and after medication administration and feedings. Resident #2 was sent to theER on [DATE] and was deemed to have fungus growing in his feeding tube. This failure resulted in an identification of an Immediate Jeopardy (IJ) On 02/13/24 at 3:33 PM. While the IJ was removed on 02/14/24 at 4:31 PM, the facility remained at a level of no actual harm with the potential for more than minimal harm at a scope of pattern that is not immediate jeopardy due to the facility's need to evaluate the effectiveness of the corrective systems. This failure could place residents who receive g-tube medications and nutrition at risk of dehydration and tube malfunction. Findings Included: Review of Resident #1's undated face sheet reflected a [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses including a traumatic brain injury, chronic respiratory failure, severe sepsis (an infection in the blood stream), dysphagia (a condition with difficulty in swallowing food or liquid), and muscle wasting and atrophy (wasting away). Review of Resident #1's quarterly MDS assessment, dated 11/21/23, reflected a BIMS was not completed due to him rarely/never being understood. Section K (Swallowing/Nutritional Status) reflected he required a feeding (PEG) tube. Review of Resident #1's quarterly care plan, dated 01/01/24, reflected he had a feeding tube and was at risk for aspiration with an intervention of giving feeding/water flushes via feeding tube as ordered. Review of Resident #1's physician orders, on 02/13/24, reflected no orders for flushing his feeding tube. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0693 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of Resident #2's undated face sheet reflected a [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses including acute respiratory failure, dysphasia, and gastro-esophageal reflux disease (a chronic digestive disease where the liquid content of the stomach refluxes into the esophagus). Review of Resident #2's quarterly MDS assessment, dated 01/07/24, reflected a BIMS was not completed due to him rarely/never being understood. Section K (Swallowing/Nutritional Status) reflected he required a feeding (PEG) tube. Review of Resident #2's quarterly care plan, dated 01/13/24, reflected he had a feeding tube and was at risk for aspiration with an intervention of giving feeding/water flushes via feeding tube as ordered. Review of Resident #2's physician orders, on 02/13/24, reflected no orders for flushing his feeding tube. Review of Resident #2's progress notes in his EMR, dated 02/05/24 at 5:33 AM and documented by LVN A, reflected the following: This nurse notified NP of [Resident #2] having unstable stats throughout the night . This nurse was informed to send [Resident #2] out to hospital. [Resident #2] transported to (hospital) due to unstable stats. Review of Resident #2's ER records, dated 02/05/24, reflected the following: [Resident #2] with PEG tube on arrival with purulence (drainage) surrounding PEG cutaneously [sic] (related to or affecting the skin) and with visible fungus growing in tube internally. During a telephone interview on 02/12/24 at 5:15 PM, Resident #2's hospital RNCM stated Resident #2 was admitted to the hospital with fungus in his feeding tube. She stated she spoke to multiple physicians at the hospital, including his GI surgeon, who stated fungus in a feeding tube was not completely abnormal, however, it was prevalent when the tube was not being flushed appropriately to ensure there was no blockages in the tubing. During an interview on 02/13/24 at 12:16 PM, Resident #2's NP stated if a resident had a feeding tube, there should be orders for flushing. She stated it needed to be flushed before and after administering medication as well as at least every shift. She stated flushing the tube was important in order to keep the tube open, clear, and free of any blockages. She stated fungus in a feeding tube was not normal. She stated that did not mean it could not happen (fungus), but it was not a normal occurrence. She stated the nurses should ensure there were orders for flushing. She stated she had only been the NP at the facility for about a week and was not aware of any residents not having orders to flush when they had a feeding tube. (continued on next page)

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F 0693 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	During an interview on 02/13/24 at 3:04 PM, the DON stated when a resident had a feeding tube, there should be orders for checking placement, how many cc's of supplement was to be administered per hour, to flush after feeding (supplement), and before and after administering medication. She stated it was important to flush the tubing to ensure there was no debris, no clumps, no blockages. She stated this was important in ensuring the resident was receiving all the intended calories as well as for hydration and also to prevent any infection control issues. She stated it was the admitting nurse's responsibility of ensuring all orders (including flush orders) were in the resident's EMR when they were admitted . She stated at the end of each month, nurses were responsible for review all resident orders an then they were double-checked by nurse managers to make sure all orders were in place and being followed. Review of the facility's Enteral Nutrition Policy, revised January of 2014, reflected the following: . 13. Staff caring for residents with feeding tubes will be trained on how to recognize and report complications associated with the insertion and/or use of a feeding tube, such as: a. Aspiration b. Leaking and skin breakdown around insertion site c. Peroration of the stomach or small intestine d. Esophageal swelling, strictures, fistulas e. Clogging of the tube Review of an article titled Clogged Feeding Tubes: A Clinician's Thorn in the Nutrition Issues in Gastroenterology, Series #127, dated March of 2014, reflected the following: Clogged feeding tubes are responsible for significant lost delivery of enteral feeding. They also increase risks and costs to patients in the event that they must be replaced. The ADM and DON were notified on 02/13/24 at 3:33 PM that an Immediate Jeopardy had been identified due to the above failures and an IJ template was provided. The following POR was accepted on 02/14/24 at 2:33 PM: On 02/13/2024 an abbreviated survey was initiated at (facility). On 02/13/2024 the surveyor provided an Immediate Jeopardy (IJ) Template notification that the Regulatory Services has determined that the condition at the facility constitutes an immediate jeopardy to resident health and safety. The notification of Immediate Jeopardy states as follows: F693 - A resident who is fed by enteral means receives 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. (continued on next page)

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F 0693 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	10 residents with Enteral feeding are in the facility and at risk for this deficiency. Action: The enteral feeding policy was reviewed to discuss the flush order by CNO on 2.13.24. Start Date: 2/13/24 Completion Date: 2/13/24 Responsible: CNO Action: CNO educated DON and Administrator and Nurse managers regarding the enteral feeding policy and the importance of having flush orders. New nurses will receive training during orientation. Agency nurses will have policy in agency book to review and sign off on prior to starting shift. Training will be verified by DON or designee. CNO,DON or designee will be responsible for updating and checking flush orders. Ensuring policy to be followed by DON weekly X 12 weeks Start Date: 2/13/24 Completion Date: 2/13/24 Action: DON or Designee verified that the enteral tubes were clean by observation. Documentation by way of check sheet. Notification to Dr. for order to change. Pumps will be visually audited and check sheet completed by DON or designee, daily X 12 weeks. Thereafter compliance rounds will be made weekly by DON or designee. Pumps will be flushed with water. Start Date: 2.13.24 Completion Date: 2.13.24 Responsible: DON or Designee Action: DON Educated all nurses regarding the updated policy and the importance of gtube flushing. Policy and education was added to the agency binder to ensure that agency nurses are aware as well. G-Tube performance criteria check sheets (competency check off) are being completed on all nursing staff prior to working the floor. Tubes are being flushed hourly during continues feedings, The flushing is automatically delivered by the (g-tube machine) feed sets with flush bags. (continued on next page)

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F 0693 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Flushing occurs after medication and feedings. Using the prescribed amount of water every hour and 30CC of water before and after medication administration. Flushing and enteral policy and training to be completed upon hire for full time and PRN staff. New staff educated during orientation by DON or designee. Agency staff have education in binder, to be educated prior to shift. All residents' orders for gtube were reviewed and updated by the CNO. Care plans updated as indicated by specific orders. Start Date: 2/13/24 Completion Date: 2/14/24 Responsible: DON or designee Action: DON or designee ensured that all enteral patients have flush orders. CNO created check list regarding specific orders needed for every new admit. DON or designee will review checklist and orders for compliance. nursing staff received inservice by DON on check list and how to get clarification on orders by consulting dietitian and/or Physician. Start Date: 2/13/24 Completion Date: 2/13/24 Responsible: DON or designee The Surveyor monitored the POR on 02/14/24 as followed: During an observation and interview on 02/14/24 at 2:36 PM, the CNO and RD were comparing the RD's notes to orders of the residents with feeding tubes in their EMR's. The RD stated she had just observed all feeding tubes to ensure they were running appropriately, tubing was clear, were no infection control issues, and the amount of supplement and water flow were accurate. The CNO stated the DON and ADON had checked all feeding tubes on the evening of 02/13/24. The RD stated Residents #1 and #2 did have orders for flushes in her assessments but the nurses must not have acknowledged the orders. The CNO stated they would not update Resident #2's orders until he was back from the hospital and the RD assessed him. The CNO stated she updated the Enteral Nutrition policy to include flushes as well as created standard orders for residents with feeding tubes for nurses to follow upon their admission. (continued on next page)

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F 0693 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Observations made with the CNO on 02/14/24 from 2:52 PM - 3:33 PM revealed all nine residents currently at the facility with a feeding tube had accurate supplements, flow, and water flow matched the orders in their charts. All feeding tubes were blockage-free and no sediment/discoloration was observed. During interviews on 02/14/24 from 3:20 PM - 4:18 PM, three LVNs and two RNs all stated they were in-serviced before their shifts on feeding tube orders and flushing of feeding tubes. They all stated that there must be orders for flushing water through the tubes each shift, before and after feeding, and before and after administering medication. They stated when assessing and flushing the tubes they were ensuring the tubing was clear and there was no blockage or residue. They stated the water should go through naturally without having to be pushed. They all stated if there were no orders for tube flushing, they would notify the NP immediately. Review of the undated Standing Orders for Enteral Feedings created by the CNO reflected the following: . 2. [Enteral] Flush feeding tube with (# off cc) cc of water q (# of hours) hours and with (# of cc) cc of water before and after medication administration. If tube feeding is bolus, gravity or cyclic via pump, add: flush feeding tube with (# of cc) cc of water Review of Resident #1's physician orders, dated 02/13/24, reflected the following orders: Every shift [Enteral] flush feeding tube with 40 ml/hr x22 hours Every shift [Enteral] flush tube with 20-30ml (cc) of water before and after administration of medication pass Review of an in-service entitled Medication Administration and Enteral Orders, dated 02/13/24 (3 PM - 11 PM shift and 11PM - 7 AM shift) and 02/14/24 (7 AM - 3 PM shift) and conducted by the DON, reflected nursing staff were educated their updated Enteral Nutrition Policy and they also had to complete a G-Tube Management competency check-off. Review of the facility's undated G-Tube Management competency check-off, reflected nurses had completed the checkoffs which included exit site care, tube care, and infection control practices during care. Review of the facility's Enteral and Parental Feeding Policy, revised 02/13/24, reflected the following: 2. Physician's orders for Enteral Feeding (EF) will include: . d. Water bolus and/or flush orders are to include the amount of each flush and how often they are done for Enteral Feedings. (continued on next page)

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F 0693 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	. 3. Specific Enteral Feedings orders are written to include product, rate of flow, cc's per day, number of calories per day. Water bolus and/or flush orders are to include the amount of each flush and how often they are done for Enteral Feedings. While the IJ was removed on 02/14/24 at 4:31 PM, The facility remained at a level of no actual harm with the potential for more than minimal harm at a scope of pattern that is not immediate jeopardy due to the facility's need to evaluate the effectiveness of the corrective systems.