

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675671	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2024
NAME OF PROVIDER OR SUPPLIER Garden Terrace Alzheimer's Center of Excellence		STREET ADDRESS, CITY, STATE, ZIP CODE 7887 Cambridge St Houston, TX 77054	

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>41392</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure a resident receiving enteral feeding received appropriate care and services to prevent complications of enteral feeding for 1 (Resident #11) of 3 Residents reviewed for gastrostomy tube management.</p> <p>The facility failed to address the redness and dried red drainage around Resident #11's stoma (skin and entrance to the stomach) at the G tube (gastrostomy tube) site (a surgically placed device to give direct access to the stomach for feeding, hydration and medicine).</p> <p>This failure could place residents with G-tubes at risk of pain, infection, decline in health and hospitalization .</p> <p>Findings included:</p> <p>Record review of Resident #11's annual MDS for resident assessment and care screening dated 03/15/2024 revealed she had persistent vegetative state/no discernible consciousness. She had impairment on both sides of upper and lower extremities. She used a wheelchair for mobility, and she was dependent on helpers for all ADLs. She was always incontinent of urine and bowel. Section K, swallowing/nutritional status revealed she had a feeding tube.</p> <p>Record review of Resident #11's active physician orders dated 05/21/2024 revealed: NPO (nothing by mouth), order date 11/01/2023; enteral feed (feeding tube that allows liquid food to enter the stomach or intestine through a tube) order every shift, enteral access site care, verify tube securement is in place with an order date of 11/01/2023.</p> <p>Record review of Resident #11's MAR/TAR for May 2024 dated 05/21/24 at 2:00 PM, revealed LVN B documented G-tube care: clean with normal saline, pat dry with gauze and apply split drain sponge with tape, was completed during night shift on 05/20/2024.</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
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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #11's undated care plan revealed the focus - resident required tube feeding r/t swallowing problems. The interventions included: provide local care to G-tube site as ordered and observe for s/sx of infection at tube site, abdominal pain, tenderness. Date initiated was 12/13/2023. Focus - Resident requires Enhanced Barrier Precaution d/t G-tube. Date initiated was 04/14/2024. Goal - Resident will remain free from active infection with MDROS (multi-drug resistant organisms). Interventions included: wear gown and gloves during high contact activities. Focus - Resident has communication problem r/t Neurological symptoms after anoxic brain injury, nonverbal and unable to communicate needs. Intervention: anticipate and meet needs.</p> <p>Observation on 05/21/2024 at 10:27 AM, Resident #11 was lying in bed on her right side with the HOB raised and receiving tube feeding. Her eyes were open. She did not respond to greetings. CNA F and LVN A had completed incontinent care. There was a dry dressing taped over the G-tube site that was dated 05/21. LVN A loosened the dressing and the skin around the G-tube was pinkish-red in color. No drainage was noted.</p> <p>Observation and interview on 05/23/2024 at 8:42 AM, Resident #11 had dry dressing taped over the G-tube site that was dated 05/23. RN D loosened the dressing to view the skin. The skin around the G-tube site was a brighter red and encompassed a larger area than on 5/21/24. There was dark blackish-red dried drainage that crusted off to the side of the stoma. RN D stated the night shift was responsible for the dressing changes once a day. RN D stated she did not receive any report regarding the G-tube exit site from the night shift nurse. RN D stated that it was red and looked like it got irritated. RN D stated she would notify the MD right away as it would need Mupirocin (antibiotic ointment). RN D stated it was about a week ago when she last saw the G-tube exit site and it did not look red. RN D stated she would also notify the wound care nurse so the wound care doctor would be informed to assess the site. RN D stated the risk to the resident would be infection.</p> <p>In an interview on 05/23/2024 at 8:48 AM, the MD stated she saw Resident #11 and said the G-tube exit site was red and looked like a little cellulitis (a bacterial skin infection) which was not uncommon with G-tubes. The MD stated she was not notified of any redness on 5/21/2024 but maybe the NP was notified.</p> <p>In an interview on 05/23/2024 at 8:55 AM, Resident #11's RP stated the exit site had been red for a few days and that she was expecting the night nurse to anchor the G-tube with tape to keep it from getting tugged when they move her. The RP stated when the staff move Resident #11 around the G-tube sometimes gets pulled. RP stated she had seen Resident #11 crying when this happens, and it makes her upset to see Resident #11 cry in pain.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 5/23/2024 at 9:08 AM, LVN A stated she thought the redness around Resident #11's G-tube site was ongoing, and the night nurse did not report anything new. LVN A stated the protocol was to clean the site daily and call MD if there were any changes. LVN A stated Bacitracin (a topical antibiotic) or Triple Antibiotic Cream would have to be ordered by the physician. LVN A stated the nurses were responsible for changing the dressing and assessing the site. LVN A stated she did not work with Resident #11 very much. She stated on 5/21/2024 all she did was give her medications via the G-tube and the dressing had just been changed by night shift. LVN A stated normally if the dressing is intact, she would check the tubing prior to medication administration and would not typically look at the G-tube site unless there was drainage seen through the dressing or the dressing was loose. When asked the question, why did she not follow up with the redness to the exit site on 5/21/2024 after she observed the exit site with the Surveyor, LVN A stated she would have had to check to see if there were any orders and she did not know if there were orders at the time because she did not check.</p> <p>In a telephone interview on 05/23/2024 at 10:57 AM, LVN B states she did take care of Resident #11 on 5/21/2024 and that she changed the dressing to the G-tube exit site. She said the exit site had some redness and this was not new for her since Resident #11 was transferred from another unit one week ago. LVN B stated the exit site should look normal skin color and not red. LVN B stated she assumed it was red from the G-tube getting tugged on during turning/repositioning. LVN B stated she meant to return and check to see if the redness cleared up. LVN B stated she did not document because she did not get a chance to return and check on the exit site. LVN B stated the facility policy was to document, monitor, alert the wound care nurse to evaluate and recommend that it be added to the Plan of Care.</p> <p>On 5/23/2024 at 11:33 AM a telephone call was placed to LVN C, whose initials were documented as providing enteral access site care to Resident #11 on 05/23/2024. The voicemailbox was full. Surveyor was unable to reach LVN C or leave a message.</p> <p>In a telephone interview on 05/23/2024 at 12:13 PM, the NP stated she received a call from the facility on 05/21/2024 regarding Resident #11 but it had to do with elevating the HOB for tube feedings and not about the G-tube exit site. The NP stated she would expect to be notified of any changes to the stoma (G-tube exit site) or she would expect the wound care nurse to notify the wound care physician.</p> <p>On 05/23/2024 at 12:40 PM the DON stated the nurse taking care of residents was responsible for changing the G-tube dressing daily. The nurses are all charge nurses. The DON stated she expects the charge nurse to check for skin integrity, that there should be no impaired skin, ensure the tube is intact, that there are no rashes or anything abnormal. The DON stated the skin should be intact and a normal color for the resident. The DON states she expected the nurses to write a change in condition for redness, or irritation that could be an infection and to report to the physician. The DON stated there was always a risk of infection with a G-tube. The DON stated the night shift nurses were responsible for dressing changes. The DON stated for change in condition the nurse would document and put it on the 24-hour log to communicate to others. The DON said she was not present during the observation of skin irritation to Resident's #11's G-tube exit site and she did not know what could have caused the redness or skin irritation because she was not a doctor. The DON stated if the dressing were dry and intact, she would not check the exit site unless there was a reason to such as drainage. The DON stated it would be best practice to check the G-tube exit site prior to administering medications or feedings.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 05/23/2024 at 12:45 PM, the Medical Doctor stated irritation to the G-tube site could be caused by a reaction to the tubing material or leakage from the stoma. The Medical Doctor stated tugging on the tubing would not likely cause irritation. The Medical Doctor stated any changes should be notified to the provider the moment it is seen, to avoid complications like irritation or leakage.</p> <p>In an interview on 05/23/2024 at 2:55 PM, RN E stated she was the weekend treatment/wound care nurse and was not usually at the facility Mondays through Fridays, but the facility called her in to assist. RN E stated she did see Resident #11's G-tube exit site. RN E stated the skin had hypergranulation (a condition where the tissue becomes swollen, red, moist). RN E stated yes, the skin was an angry red color and had dried blood present. RN E stated wound care does not look at G-tube sites unless requested by the charge nurse. RN E stated the charge nurse is supposed to write a change in condition form, put an order in and after the order is in, the wound care nurse will evaluate and notify the wound care physician. RN E stated it was important to communicate these changes d/t the risk of infection and sometimes if bad enough, the resident may have to go to the hospital for tube replacement.</p> <p>Record review of the facility policy and procedure titled: Enteral Access Device (EAD) Site Care and Management, issued: 08/08/2023; reviewed on 08/31/2023, read in part: Policy - the facility will provide enteral access device site care and management in accordance with physician orders and professional standards of practice .Care of the feeding tube: .2.The licensed nurse will ensure the feeding tube is secured externally to prevent accidental dislodgement Because the Percutaneous endoscopic gastrostomy tube (G-tube) . exit through the abdominal wall, they require careful skin care at the exit site to maintain skin integrity and prevent infection Caring for the gastrostomy tube .Assess the tube exit site for new or increasing pain and signs of skin breakdown, redness, edema, leakage, induration (skin hardening), and bleeding .Special Considerations: if skin problems develop, consult a wound, ostomy and continence nurse if available .Complications associated with enteral feeding tube exit site care may include: .infection .leakage . pressure injury formation .Documentation associated with enteral feeding tube exit site care includes: . appearance of exit site, including any signs of infection: redness, swelling, drainage .</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>48559</p> <p>Based on observation and interview the facility failed to ensure the menus were followed for 3 meal services prepared for 36 of 36 residents.</p> <p>The facility failed to ensure the menu was followed for the lunch meals on 5/21/24 and 5/22/24 and the dinner meal on 5/22/24.</p> <p>These failures could place residents at risk for dissatisfaction, poor intake, and/or weight loss.</p> <p>The findings included:</p> <p>Interview on 05/21/24 at 10:20 AM with [NAME] A revealed the kitchen manager is out on medical leave and the manager from another facility comes in a few times a week to order food and check the menu. [NAME] A said she was not aware of any complaints from residents about the food.</p> <p>Observation on 5/21/24 at 11:00 AM of the dining room revealed a posted weekly menu which displayed the following to be served for lunch: Garlic pepper pork loin with gravy, seasoned beans and sauteed squash, cornbread, cream pie.</p> <p>Observation on 5/21/24 at 12:25 PM of lunch meal served to residents was: Baked Ham, diced beets, buttered noodles, dinner roll, cheesecake.</p> <p>Interview on 5/22/24 at 10:50 AM with Administrator revealed the Interim Dietary Manager from a sister facility comes on Wednesday, Thursday, and Friday. She does the food ordering and sanitation checks and reviews the menus. Administrator reported she was working on hiring a dietary manager .</p> <p>Observation on 05/22/24 at 11:30 AM of the dining room revealed a posted weekly menu which displayed the following to be served for lunch: Turkey tetrazzini, Harvard beets, dinner roll, coconut cream pudding.</p> <p>Observation on 05/22/24 at 11:40 AM of lunch preparations in the kitchen revealed the meal being prepared for lunch was Spaghetti, mixed vegetables, dinner roll, and a fresh fruit cup. An interview with [NAME] B revealed that the Kitchen Manager has been out for a couple of weeks for medical leave. [NAME] B said for lunch they did not have turkey, so they could not have what was on the menu and she made spaghetti instead. [NAME] B reported that they offer the meal to the resident and if they do not want it, they will make something else for them. For Residents that they know have particular foods that they do not eat, they make them an alternative meal to serve. [NAME] B said sometimes a resident will want just a sandwich, so they make them a sandwich.</p> <p>Observation on 05/22/24 at 12:15 PM of lunch meal served to residents in the dining room: Spaghetti, mixed vegetables, dinner roll, fresh fruit. No residents were observed eating an alternative meal.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 05/22/24 at 3:18 PM of preparations for dinner revealed the evening meal to consist of: Lemon pepper fish, mashed potatoes, veggie blend, chocolate cookie. Dinner menu listed on weekly menu was: Western egg bake, fried potatoes, muffin, cinnamon apples, sugar cookie.</p> <p>Interview on 5/23/24 at 9:35 AM with [NAME] B. [NAME] B said when they did not have the ingredients needed for the meal listed on the menu, she tried to come up with something similar using the same main ingredients. Se said he had to get the menu change approved by the Interim Dietary Manager or Administrator.</p> <p>Interview on 5/23/24 at 11:30 AM with Interim Dietary Manager reveals she has been filling in since May 2nd for the Dietary Manager that went out on medical leave. Responsibilities include kitchen staffing, menus, ordering, ensuring correct diets, completion of logs, and sanitation. Food is ordered according to the planned menu. The staff here is not used to following the menu. Interim Dietary Manager reported that she tries to make sure the correct food is here so that the menu can be followed. The procedure is for the cook to get any menu changes approved by the dietitian but there has not been a dietitian on staff. Interim Dietary Manager revealed that she was aware that the Cooks have not been following the menu, but it is a work in progress to get them to follow the menu. I'm doing the best I can with 2 facilities. Interim Dietary Manager planned to do an in-service with the kitchen staff on following the menu and structure the process so things will run more smoothly. Interim Dietary Manager said she was going to work on menu items always available.</p>