

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675779	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Marine Creek Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 Angle Ave Fort Worth, TX 76106	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45507</p> <p>Based on observation, interview, and record review, the facility failed to ensure 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 for 1 of 3 residents (Resident #1) reviewed for enteral nutrition.</p> <p>The facility failed to ensure the date and time was written on Resident #1's formula and water bag .</p> <p>This failure could place residents at risk of malnutrition and dehydration.</p> <p>Findings included:</p> <p>Record review of Resident #1's admission record, dated 12/12/2024, revealed a [AGE] year-old male who admitted to the facility on [DATE] with diagnoses that included acute respiratory failure with hypoxia (when body tissues do not have enough oxygen), tracheostomy status (a surgical hole made in the windpipe to help with breathing), and gastrostomy status (a surgical hole made in the abdomen to the stomach; a tube can then be inserted to allow feeding directly to the stomach) .</p> <p>Record review of Resident #1's Admission MDS dated [DATE], revealed a blank BIMS (a short screening tool that can identify cognitive functioning). Further review of the MDS revealed the resident had a short-term and long-term memory problem , had a feeding tube at admission and while a resident.</p> <p>.Record review of Resident #1's order summary report, dated 12/12/2024, revealed the following orders:</p> <p>-Enteral Feed order every shift for supplement nutrition Peptide 1.5 @ 55mL/hr. Stop for ADL's with start date 11/14/2024</p> <p>-Enteral Feed order every shift Free water flush of 150mLs every 4 hours start date 11/14/2024</p> <p>Record review of Resident #1's December 2024 MAR, revealed on 12/11/2024, RN B changed the formula and water on the night shift.</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>Observation on 12/12/2024 at 10:15 am revealed Resident #1 lying in bed, with tube feeding running at 55 mL per hour. The formula and water bag did not have the date/time started or the tube feeding order .</p> <p>Observation and interview on 12/12/2024 at 10:25 am revealed LVN A came into Resident #1's room. LVN A stated the formula and water bag should be labeled and dated. LVN A said she had worked until 10 pm last night and did not change the bag and the night shift should have written the date and time. She stated the risk was it could make them sick.</p> <p>Interview on 12/12/2024 at 6:20 pm, the Administrator stated the formula and water bag should have been dated and timed. She said the risk was the resident could get sick or get too many or not enough calories.</p> <p>Record review of facility's policy titled Enteral Nutrition, undated, revealed it did not indicate when the formula and tube feeding bags were to be timed and dated.</p> <p>Record review of Texas Health and Human Services Evidence-Based Best Practice for Nutritional Support, dated 08/2023, revealed in part: Formula labels should include the following:</p> <ul style="list-style-type: none"> o person's name and room number o formula name and strength o date and time formula prepared and hung o enteral delivery site/access o administration method (pump-assisted, gravity-assisted) route (gastric, postpyloric) and enteral access device (gastrostomy, jejunostomy) o rate of administration expressed as mL/h over 24 hours if continuous administration or rate not to exceed___, or volume not to exceed___. o duration of administration and total volume to be administered within that duration o initials of who prepared, hung, and checked the EN against the order o appropriate hang time (expiration date and time) o dosing weight (if appropriate) o Not for IV Use <p>Water flush labels should include:</p> <ul style="list-style-type: none"> o administration method <p>(continued on next page)</p>		

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