STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675365	A. BUILDING _____ B. WING _____	**05/07/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PASADENA CARE CENTER	**4006 VISTA RD PASADENA, TX 77504**

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** Based on observation, interview, and record review the facility failed to ensure a resident who is fed by enteral means received appropriate treatment and services for 1 of 5 residents (CR #1) reviewed with feeding tubes. The facility failed to monitor CR #1's external feeding tube site after an infection. Upon admission to the hospital, CR #1's [DEVICE] site was red and had discharge. This failure could affect any resident who had a feeding tube and placed them at risk for discomfort, infection and other feeding tube-related complications. The findings were: Record review of CR #1's face sheet dated 5/6/2020 revealed an [AGE] year old female admitted on [DATE] and re-admitted on [DATE] with [DIAGNOSES REDACTED]. Record review of provider order summary report revealed the following active orders for resident's G- tube since [DATE]: 1. Enteral feed order every shift - inspect surrounding skin of stoma for redness, tenderness, swelling, irritation, ulceration, purulent drainage or signs of infection and 2. Complete tube site care and change dressing daily. Every night shift. Record review of CR #1's care plan revealed [DEVICE] care for drainage initiated on [DATE] revised on 5/6/2020 showed treatment with [MEDICATION NAME]-[MEDICATION NAME]/Bactrim([DATE]7/20) suspension via [DEVICE] per md orders, drainage will resolved with interventions through review date. Record review of CR #1's MDS (Minimum Data Set) assessment dated [DATE] revealed she has severely impaired cognitive skills with short and long-term memory problem. Record review of progress notes from 4/24/2020 to 5/5/2020 revealed no documented issue on CR #1's [DEVICE]. Record review of CR #1's provider progress note dated 5/4/2020 documented by attending nurse practitioner (NP) revealed she was seen for [MEDICAL CONDITION], follow up left eye bruising, hematuria and abnormal blood work. Patient is sleeping in bed. She wakes easily to name, speech is clear and her usual state of awareness .No other changes reported by staff or noted during observation. Record review of CR #1's progress note dated 5/5/2020 8:30 PM. Note revealed At approximately 20:00 (8:00pm) on 5/5/20 patient was transferred from (facility) to acute care hospital for treatment of [REDACTED]. Interview on 5/6/2020 at 6:19 PM with attending Nurse Practitioner revealed she saw CR #1 on April 24, May 1, May 4, and May 5. She said on May 4, CR #1 was fine but blood sugar was elevated. She said the resident's [DEVICE] site was previously infected and was treated from April 17 to 24 with Bactrim. She added after the completion of the antibiotic treatment on 4/24/20, the [DEVICE] site infection resolved but with slight redness around stoma still present without discharge. Added there were no issues raised by nurses to her on May 4 and May 5, 2020 prior to hospital transfer. Interview on 5/6/2020 at 12:30 PM with LVN 1(unit manager) stated she checked CR #'1's [DEVICE] site in the morning of 5/5/2020 and saw no redness nor drainage. She added CR # 1 finished medication with Bactrim for G tube site infection about a week ago. She said the dressing for CR #1's [DEVICE] site was changed daily by 11pm-7am shift nurse. Observation on 5/6/2020 on 4:30 PM, CR #1 was in the hospital. CR #1 was on her bed with supplemental [MED]gen via mask. Hospital nurse showed to surveyor CR #1's feeding tube. Surveyor noted [DEVICE] site with clean dry dressing. Tube was clear and without clog. Feeding pump was running. Hospital nurse 1 lifted dressing aseptically to expose insertion site of [DEVICE]. Surveyor noted scant to moderate amount of purulent straw-colored discharge and skin redness surrounding [DEVICE] where it inserts into the abdominal wall. Interview on 5/6/2020 on 4:06 PM with a hospital nurse, she stated CR #1's [DEVICE] site had redness and scant amount of pus around the stoma on admission. Interview on 5/7/2020 on 9:00 AM with Director of Nursing stated when issues arise during monitoring of tube feeding site by nurses, nurses should document in progress notes their assessment and would notify the provider and responsible party. Record review of Treatment Administration Record (TAR) dated April and May 2020 revealed CR #1's G tube site was monitored 3 times a day for stoma redness, swelling, irritation, purulent discharge or signs of infection (0600,1400,2200). TAR was documented with a checkmark three times daily for the whole month of April to May 5, 2020. Interview on 5/7/2020 on 10:10 AM with LVN 2 stated she worked the 11 pm to 7 am shift and worked the last 3 consecutive shifts with CR #1 prior to hospital transfer. She said she changed CR #1's tube feeding site dressing and did not see issues like redness or drainage. She added if there was an issue, she would refer to physician and document in progress notes her assessment. Record review of facility's policy on Enteral Nutrition, revised February 2017, Guideline 14 revealed The skin surrounding a gastrostomy or jejunostomy is kept clean and free from irritation and/or infection. The site is evaluated for signs of: [DIAGNOSES REDACTED], Tenderness, and Drainage. Guideline 15 revealed The nurse contacts the physician to discuss and receive orders when complications from or intolerance to enteral feeding and/or inadequate progress toward goals is identified.

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