

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265325	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/06/2023
NAME OF PROVIDER OR SUPPLIER  Delmar Gardens North		STREET ADDRESS, CITY, STATE, ZIP CODE  4401 Parker Road Black Jack, MO 63033	
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	<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>22409</p> <p>Based on observation, interview, and record review, the facility failed to follow physician's orders and their policy by failing to ensure one resident's gastrostomy tube (g-tube, a tube inserted through the belly that brings nutrition directly to the stomach) feeding infused at the prescribed rate. In addition, the facility failed to ensure staff recorded a date/time on the package of a g-tube declogger (used to declog a g-tube) of when it was opened, and failed to ensure staff were aware of how long the g-tube declogger could be used prior to discarding it. The facility identified six residents with g-tubes. Four were sampled and problems were identified with one. (Resident # 1). The census was 138.</p> <p>Review of the facility Enteral Nutrition /Tube Feeding policy, dated 2014, showed:</p> <ul style="list-style-type: none"> <li>-Guideline: Enteral Nutrition (EN, a way of delivering nutrition directly to the stomach or small intestine) may be substituted for individuals who have an intact gastrointestinal tract but are unable or unwilling to take food by mouth in amounts that will support adequate nutrition. Examples are individuals with neurological disorders (strokes, head and neck trauma or surgery), cancer, and individuals with difficulty swallowing or ingesting adequate amounts of food, and gastrointestinal obstructions. Enteral feedings provide nutrients and fluids using the gastrointestinal tract. Enteral feedings can be used to supplement oral intake or can provide all of an individual's nutritional needs;</li> <li>-Procedure:</li> <li>-The choice of the EN depends on the medical and nutritional needs of the individual as assessed by the Registered Dietician (RD) and physician;</li> <li>-Enteral feedings supply nutrients directly to the stomach via a very small diameter, flexible feeding tube;</li> <li>-Continuous drip: Requires a pump and is appropriate for individuals who do not tolerate larger volumes of Tube Feeding (TF, a medical device used to provide nutrition ) infusions. The TF is usually infused for a total of 18 to 24 hours;</li> <li>-Open System: TF product must be opened and poured into a tube feeding bag prior to administration;</li> </ul> <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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  265325	Facility ID:  265325
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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>-EN feeding orders should include: formula - brand and formula name, route of feeding, administration method, strength, number of calories per day and the amount of water flushes per 24 hours;</p> <p>-If the individual is to be a continuous feeding, divide the total milliliters (ml) of enteral feeding by 24. This will be the rate per hour that the enteral formula is to be administered;</p> <p>-Monitoring of the individual's actual intake and tolerance of tube feeding is important to ensure that nutritional goals are met and maintained. Monitoring of the individual with tube feedings is an interdisciplinary team effort and includes EN is being delivered as ordered by physician;</p> <p>-The RD should assist the health care community with the development of guidelines, procedures and/or protocols regarding EN.</p> <p>Review of Resident #1's, quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 9/9/23, showed:</p> <p>-Makes Self Understood: Rarely/never understood;</p> <p>-Ability to Understand Others: Rarely/never understood;</p> <p>-Total dependence of one person required for bed mobility, dressing, eating, toilet use, personal hygiene and bathing;</p> <p>-Total dependence of 2 (+) persons required for transfers;</p> <p>-Diagnoses of Alzheimer's disease, aphasia (inability to speak), stroke, dementia, and hemiplegia/hemiparesis (partial or total paralysis of one side of the body/weakness of one side of the body);</p> <p>-Feeding Tube: 51% or more of total calories received through a feeding tube.</p> <p>Review of the resident's care plan, located in the electronic health care record (EHR), showed:</p> <p>-Problem: Nutritional status.</p> <p>-Approach(s): Administer g-tube feeding as ordered. RD follow-up as needed. Maintain NPO (nothing by mouth) status.</p> <p>Review of the resident's physician's order sheet (POS), located in the EHR, showed:</p> <p>-Diet: NPO;</p> <p>-Enteral Feeding: Nepro (formula) 1.8 continuous feeding at 50 ml per hour (ml/hour) continuous;</p> <p>-G-Tube Flush: 125 ml of water every two hours;</p> <p>-G-Tube Size: 18 french;</p> <p>-No order regarding g-tube decloggers.</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>Observation on 9/29/23 at 8:51 A.M., showed the resident lay in bed with Nepro TF infusing via a g-tube feeding pump at 60 ml/hour. Observation inside the resident's top drawer of his/her chest of drawers showed an opened, undated, g-tube declogger (used to unclog a g-tube). The inside of the package had small flecks of brown material indicating it had been used. The opened package containing the declogger was marked at that time by the surveyor. That was the only declogger observed in the drawer.</p> <p>Observation on 10/2/23 at 9:32 A.M., and 11:30 A.M., showed the resident lay in bed with Nepro TF infusing at 60 ml/hour. Observation of the resident's top drawer of his/her chest of drawers showed the same opened and marked package containing the g-tube declogger. This was the only declogger observed in the drawer.</p> <p>During an interview on 10/2/23 at 11:25 A.M., Licensed Practical Nurse (LPN) 6 said he/she is an agency nurse. He/She did not know if the facility had a policy as to how long a g-tube declogger could be used prior to being discarded. He/She thought it should be discarded within three to five days after being opened. The package should be dated and timed when opened so staff would know when to discard it.</p> <p>Observation on 10/2/23 at 2:05 P.M., showed the resident sat in a chair in his/her room after being transferred from the bed to the chair. Certified Nursing Assistant (CNA) 3 left the room to find the nurse to turn the resident's tube feeding back on. A few minutes later, LPN 7 entered the room, reconnected the tube feeding and turned the tube feeding pump back on. The tube feeding rate was still set at 60 ml/hour. During an interview, the nurse said nurses work 12 hour shifts. Nurses are responsible to ensure tube feeding rates are set per physician's orders. He/She left to check the physician orders. He/She returned and said 60 ml/hour was not the correct tube feeding rate, and he/she re-set the tube feeding rate to 50 ml/hour. The nurse observed the tube feeding declogger in the resident's top drawer. He/She confirmed the package had been opened, and was undated. He/She was an agency nurse so he/she did not know what the facility's policy was for discarding a g-tube declogger after being opened. He/She thought it would not be used for more than three days to a week after opening. If the package was not dated when opened, you would not know when to discard it.</p> <p>During an interview on 10/2/23 at 2:55 P.M., the Director of Nurses said nurses work 12 hour shifts. Both the day and night shift nurses were responsible to ensure tube feedings were infusing at the rate ordered by the physician. The facility did not have a policy for g-tube decloggers. Staff should write the date and time on the package when it was opened. She thought a g-tube declogger should be discarded no longer than 24 hours after the package was opened and the declogger had been used.</p> <p>MO00223682</p>		