

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555286	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER NEW ORANGE HILLS		STREET ADDRESS, CITY, STATE, ZIP 5017 E. CHAPMAN AVENUE ORANGE, CA 92869	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, medical record review, and facility P&P review, the facility failed to ensure the appropriate care and services for the use of a GJ-tube for one of two sampled residents (Resident 1). LVNs 1 and 2 failed to follow the facility's P&P for managing a clogged feeding tube. This resulted in Resident 1's GJ-tube to burst, which caused Resident 1 to be sent to the acute care hospital to undergo a procedure to replace the GJ-tube. Findings: Review of the facility's P&P titled Maintaining Patency of a Feeding Tube revised 11/2018 showed the purpose of this procedure is to maintain patency of a feeding tube. For opening a clogged feeding tube, use warm water for initial declogging efforts. Do not use cranberry juice or [MEDICATION NAME] beverages. If water does not unclog the tube, use a pancreatic enzyme solution, an enzyme declogging kit, or a mechanical device for clearing feeding tubes. If the feeding tube is clogged: - Check the tubing for kinks. - Add 30 ml (or prescribed amount) of warm water to the syringe. With water in the syringe, apply a gentle back and forth motion with the plunger to try to dislodge the clog. If the water flush does not resolve the clog then: - Crush one uncoated pancreatic enzyme tablet and mix with one 326 mg sodium [MEDICATION NAME] (baking soda) tablet in 5 ml water. Pour into the syringe and allow the mixture to flow into the feeding tube and clamp the tubing for 30 minutes. - Attempt a water flush, and if the clog is not cleared, remove the solution from the tube and repeat the above steps with a fresh mixture. On 7/9/2020 at 0816 hours, a telephone interview was conducted with RP 1. RP 1 stated some of the licensed nurses did not know how to manage Resident 1's GJ-tube properly. RP 1 stated when Resident 1's GJ-tube became clogged and the nurses used baking soda and pushed the solution in the syringe too hard, which caused a hole in the GJ-tube. RP 1 stated as a result, Resident 1 required a GJ-tube replacement twice in the span of a few weeks or months. Medical record review for Resident 1 was initiated on 7/9/2020. Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's Order Summary Report dated 7/9/2020, showed Resident 1 had a GJ-tube. The medications were to be administered via GT (the part of the tube that ends in the stomach) and the feeding formula was to be infused via JT (the part of the tube that ends in the middle portion of the small intestine). Review of the SBAR Communication Form dated 4/12/2020, showed a hole was noted in Resident 1's GJ-tube and Resident 1 was sent to the acute care hospital for a GJ-tube replacement. Review of the SBAR Communication Form dated 6/19/2020, showed Resident 1's GJ-tube burst while the licensed nurse was attempting to unclog the GJ-tube. Review of Resident 1's Progress Notes showed the following nursing entries: - On 6/19/2020 at 1000 hours, Resident 1's GJ-tube was clogged and the licensed nurse attempted to unclog it with warm water and baking soda. - On 6/19/2020 at 1402 hours, Resident 1's GJ-tube was still clogged and the supervisor was notified. The nurse left baking soda and warm water in the GJ-tube to attempt to unclog it. - On 6/19/2020 at 1535 hours, Resident 1's GJ-tube burst while attempting to unclog the tube. The supervisor and physician were notified. On 7/9/2020 at 1321 hours, an interview and concurrent medical record review for Resident 1 was conducted with RN 1. RN 1 stated LVN 2 had reported Resident 1's GJ-tube was clogged and LVN 2 had attempted to unclog the GJ-tube with baking soda several times but was unsuccessful. RN 1 stated Resident 1's GJ-tube burst when LVN 3 attempted to help unclog the tube. RN 1 verified there was no physician's order to unclog the GJ-tube with baking soda. On 7/9/2020 at 1400 hours, an interview and concurrent medical record review for Resident 1 was conducted with the DON. The DON stated a physician's order was needed to administer or instill anything into a resident's GJ-tube. The DON verified there was no physician's order to unclog the GJ-tube with baking soda. The DON verified the facility's P&P was to crush one uncoated pancreatic enzyme tablet and mix it with one 326 mg sodium [MEDICATION NAME] tablet in 5 ml of water and allow the solution to sit in the feeding tube for 30 minutes. On 7/15/2020 at 1511 hours, a telephone interview was conducted with LVN 3. LVN 3 stated she attempted to help unclog Resident 1's GJ-tube by pouring hot water into the tubing and allowing it to sit for a while. When asked, LVN 3 was unsure of the amount of water she used and was unsure of the duration she let the hot water sit in the tubing. LVN 3 stated Resident 1's GJ-tube burst when she was pushing and pulling on the plunger of the syringe. LVN 3 stated she observed a hole on Resident 1's GJ-tube. On 7/16/2020 at 1324 hours, a telephone interview was conducted with LVN 2. LVN 2 stated she attempted to unclog Resident 1's GJ-tube using warm water and baking soda from the kitchen. When asked how much baking soda and water was used, LVN 2 stated maybe a teaspoon of baking soda was added to a cup of warm water. LVN 2 verified she did not use the tablets of pancreatic enzyme and sodium [MEDICATION NAME]. Cross reference to F842.</p>		
F 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and medical record review, the facility failed to ensure the medical record for one of two sampled residents (Resident 1) was accurate. LVN 3 failed to document the interventions she had attempted for managing Resident 1's clogged feeding tube. This had the potential for the resident's care needs not being met as their medical information was inaccurate. Findings: Medical record review for Resident 1 was initiated on 7/9/2020. Resident 1 was admitted to the facility on [DATE]. On 7/9/2020 at 1321 hours, an interview and concurrent medical record review for Resident 1 was conducted with RN 1. RN 1 stated LVN 2 had reported Resident 1's GJ-tube was clogged and LVN 2 had attempted to unclog the GJ-tube with baking soda several times. RN 1 stated LVN 2's attempts to unclog the GJ-tube were not successful by using the baking soda. RN 1 stated Resident 1's GJ-tube burst when LVN 3 attempted to help unclog the tube. Review of Resident 1's medical records failed to show documentation from LVN 3 regarding the interventions she attempted for managing Resident 1's clogged feeding tube. RN 1 verified the findings. On 7/15/2020 at 1511 hours, a telephone interview was conducted with LVN 3. LVN 3 stated she attempted to help unclog Resident 1's GJ-tube by pouring hot water into the tubing and allowing it to sit for a while. When asked, LVN 3 was unsure of the amount of water she used and was unsure of the duration she let the hot water sit in the tubing. LVN 3 stated Resident 1's GJ-tube burst when she was pushing and pulling on the plunger of the syringe. LVN 3 stated she observed a hole on Resident 1's GJ-tube. LVN 3 verified there was no documentation to show what she did or how she had attempted to unclog Resident 1's GJ-tube. Cross reference to F693.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.