STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035016	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Handmaker Home for the Aging	2221 North Rosemont Boulevard Tucson, AZ 85712

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, facility documentation, and review of facility's policy, the facility failed to ensure that enhanced barrier precautions(EBP) were followed during wound care for one resident(#6). The deficient practice could result in the spread of infection.Findings include:Resident # 6 was admitted to the facility on [DATE] with diagnosis that included nontraumatic intracerebral hemorrhage, age related osteoporosis, major depressive disorder, and need for assistance with personal care. An order initiated on February 5, 2025 revealed that Resident # 6 was on enhanced barrier precautions due to a left thigh wound. Review of care plan initiated on June 4, 2025 revealed that the resident had a stage 4 pressure ulcer with tunneling to left hip due to poor mobility. The interventions included to provide local wound care as prescribed and use of proper infection control measures such as hand hygiene and the use of personal protective equipment. An order initiated on January 5, 2026 for wound care was to be administered for a left hip chronic fistula with Dakin's solution and pat dry then covered every Monday, Wednesday, and Friday or as needed. A wound care observation was conducted on January 22, 2026 at 12:01 p.m. with Licensed Practical Nurse (LPN/Staff #30) and Certified Nursing Assistant (CNA/Staff #57) in Resident # 6's room. The following were observed:Staff #30 washed his hands then cleaned and wiped down a bedside table outside of the room.Observed Enhanced Barrier Precaution sign posted outside the room and a drawer was also outside the room. Staff #57 went inside Resident #6's room to assist with repositioning. It was observed Staff #57 put on gloves but did not put on a gown and Staff # 57's black uniform was touching the mattress. At 12:05 p.m. Staff #30 after moving a bedside table inside the resident's room placed a disposable blue pad on top of the table. Staff #30 put on new gloves.at 12:11 p.m. but did not put on a gown. Staff #57 was inside Resident #6's room with gloves on and no gown on while assisting the resident to turn on her right side. Staff #30 removed old dressing from left hip with gloves on but no gown. The dressing was saturated with a moderate amount of yellowish/pink drainage.At 12:14 p.m. Staff #30 removed gloves then put on new gloves and grabbed the wet gauze that was impregnated with Dakin's solution. During the wound care process Staff #30's green colored uniform was touching the resident's mattress. At 12:15 p.m. Staff #30 used the skin prep and wiped the resident's skin, then covered the wound with dry folded 4x4 gauze and the 6x6 border adhesive dressing then took off gloves and dated new dressing. At 12:18 p.m. Staff #30 performed hand hygiene by the sink using soap and water. Staff #57 repositioned resident onto her back with gloves on but did not have a gown on. An interview was conducted on January 22, 2026 at 12:20 p.m. with Staff #30 who revealed that the enhanced barrier precautions sign was for Resident #6. Staff #30 goes on to reveal that if there is contact with the resident then gloves and a gown need to be worn. Staff #30 stated he did not wear a gown during wound care.An interview was conducted on January 22, 2026 at 12:26 p.m. with Staff #57 who revealed that she forgot to put on a gown and only wore gloves for wound care. Staff # 57 also revealed that she should have worn a gown because the resident was on enhanced barrier precautions. Staff #57 stated that all staff should be wearing a gown and revealed that Staff #30 did not wear a gown. An interview was conducted on January 23, 2026 at 11:15 a.m. with Director of Nursing (DON/Staff # 160) who revealed that anyone who has an open wound is (continued on next page)

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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	placed on enhanced barrier precautions and it is her expectation that any staff member providing direct care to a resident on enhanced barrier precautions need to have a gown on. The DON confirmed that Resident # 6 was on EBP precautions and staff should have worn a gown during wound care. Staff # 160 also revealed the concern for not wearing the proper PPE is infection could be spread to other residents. A review of facility's policy titled, Enhanced Barrier Precautions Policy, reviewed on June 1, 2022, revealed that it is the policy of the facility to implement enhanced barrier precautions for preventing transmission of novel or targeted multidrug-resistant organisms. The policy goes on to reveal that high contact resident care activities include wound care including any skin opening requiring dressing.