STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045167	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Springdale Health and Rehabilitation Center	102 North Gutensohn Springdale, AR 72762

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 50924 Based on observations, interviews, and record reviews, the facility failed to ensure staff did not stand over residents who required assistance during meals for 2 (Resident #12 and Resident #60) of 2 sampled residents observed during meal service. Findings include: During an interview on 08/01/2024 at 8:51 AM, Nurse Consultant (NC) #8 stated the facility did not have a policy for dining assistance or serving meals to residents and referred to the resident right of dignity. A review of a facility booklet titled, Resident Handbook undated, indicated, (a) Resident Rights. The resident has the right to a dignified existence . A review of the Face Sheet indicated the facility admitted Resident #12 with diagnoses that included frontal neurocognitive disorder, dysphasia, oropharyngeal phase, muscle wasting and atrophy, and lack of coordination. The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/14/2024, revealed Resident #12 had a Staff Assessment of Mental Status (SAMS) score of 3 which indicated the resident had severe cognitive impairment. Resident #12 required partial to moderate assistance with eating. A review of Resident #12's Care Plan, dated 07/18/2019, revealed the resident had the potential for weight loss. Interventions included intermittent assistance with meals, use small bites, alternate food and liquids. A review of the Face Sheet indicated the facility admitted Resident #60 with diagnoses that included non-ST elevation myocardial infarction, dementia, and sequalae of nontraumatic subarachnoid hemorrhage. A review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/08/2024, revealed Resident #60 had a Staff Assessment for Mental Status (SAMS) score of 3 which indicated the resident had severe cognitive impairment. Resident #60 required setup or clean-up assistance with meals. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045167	A. Building B. Wing	08/01/2024

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of Resident #60's Care Plan, dated 01/15/2024, revealed the resident was at risk for choking, dehydration, requires staff assistance with activities of daily living (ADL), potential for weight loss. Interventions included observing the resident for signs and symptoms of aspiration, reminding resident to tuck chin when swallowing, alternate food and fluids, offer and encourage fluids, give verbal cues, divided plate, and allow sufficient time to feed. During an observation on 07/29/2024 at 12:51 PM, Certified Nursing Assistant (CNA) #7 was in the main dining room, standing on the left side of Resident #60 while assisting with placing food and beverage in the resident's mouth. During an observation on 07/29/2024 at 12:53 PM, Nursing Assistant (NA) #1 was in the main dining room, standing on the left of Resident #12, assisting with placing food in the resident's mouth. During an interview on 07/29/2024 at 2:41 PM, Nursing Assistant (NA) #1 stated you should be level with the resident while assisting them and you should not stand and bend over a resident. Standing over the resident is disrespecting them. During an interview on 07/31/2024 at 2:28 PM, Certified Nursing Assistant (CNA) #7 stated you should not stand to help someone eat. You should be level, because standing over them makes them feel like we are bigger than them. During an interview on 08/01/2024 at 9:52 AM, Unit Coordinator/Infection Control (IC #9) stated when assisting a resident with meals, staff should sit with the resident, be on the same level as them, talk to them, wipe their face, treat them with dignity. Staff should not stand to assist residents. 42016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Springdale Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 102 North Gutensohn Springdale, AR 72762	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 49866 Based on observations, interviews, and policy document review, the facility failed to maintain a clean and safe environment for 3 sampled residents (Resident #13, #26, and #51). The findings are: A review of the policy titled; Cleaning-Wet Mopping indicated cleaning will be done daily and more frequently if spillage or visible soiling occurs. 1. During a concurrent observation and interview on 07/29/2024 at 2:48 PM, Resident #13 and a family member voiced a concern of the cleanliness and operation of a toilet riser located in the bathroom for Resident #13's assistance. Observation showed both back corners of the frame had dark orange and brown areas. On 07/30/24 at 9:47 AM, the surveyor observed the bathroom grout/tile beside and behind toilet in Resident #13's bathroom. A dark brown substance was observed at the bottom of the wall, and a dark brown area to the inner bottom of the door frame. On 07/31/24 at 10:45 AM, the surveyor observed the bathroom grout had been cleaned. No dark brown substance was noted in the grout. But the dark brown area to the inner bottom of the door frame remained. The surveyor observed the metal transition strip, which was 2 feet by 3 feet, protruding up, not level with the floor and noted to have sharp edges at the ends of both sides of the strip. A review of the Face Sheet indicated the facility admitted Resident #13 with diagnoses that included arthritis, multiple sites, and a history of falling. A review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/09/2024 revealed Resident #13 had a Brief Interview of Mental Status (BIMS) score of 9 which indicated the resident moderately cognitively impairment and required partial to moderate assistance with standing from a sitting position, and toilet transfers. 2. During a concurrent observation, and interview, on 07/30/24 at 8:38 AM, the wall of Resident #26's room was observed to have two large, damaged areas with paint missing at both the head of bed and to the side. Resident #26 stated they were present when he moved to this room. A review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/28/2024 revealed Resident #26 had a brief Interview of Mental Status (BIMS) score of 14 which indicated the resident was cognitively intact. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. During a concurrent observation and interview with Housekeeping Supervisor #12 on 07/31/2024 at 10:45 AM, Housekeeping Supervisor #12 accompanied the surveyor to Resident #51's room and observed the bathroom in which a dark brown substance in the grout behind and beside the toilet had been cleaned. Housekeeping Supervisor #12 reported that she had been on her hands and knees this morning cleaning that up. She was asked to describe the bottom of the inner door frame to the surveyor. She described the area as rust that cannot be cleaned off and that it was maintenance's responsibility. She was asked to describe the metal transition strip. She described it as protruding and with sharp edges. She also reported that the lip should be flat to the floor because they could get cut or hurt or even trip and fall from it. During an interview with Resident #51 on 07/30/2024 at 9:47 AM, Resident #51 revealed that the resident had told maintenance about the floor numerous times and stated that the resident had believed that it was black mold. She reported that the new metal piece was placed over a line of black substance and was not cleaned prior to and that you could kind of see it. During a concurrent observation and interview with the Maintenance Director on 07/31/2024 at 2:10 PM. The surveyor took the Maintenance Director to Resident #51's bathroom and showed the metal transition strip. The Maintenance Director stated that the strip should be flat to the ground to ease transition through the door and the edges are sharp and dangerous. The area around the bottom of the door entry is surface damage and his level of repair would be to replace the door frame, but probably will be sanded and fixed. A review of Resident #51's Face Sheet revealed the resident had diagnoses to include dementia and bipolar disorder. A review of a quarterly Minimum Data Set (MDS) Quarterly with an Assessment Reference Date (ARD) of 05/31/2024 revealed Resident #51 had severe cognitive impairment and independently ambulated with staff assist and required set up or clean up assistance with toileting. A review of a Care Plan with review date of 07/03/24 revealed that staff were to observe the room for safety concerns such as glass or sharp objects, dated 12/13/2021. 50924

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42016 Based on observations, interviews, and facility policy review, the facility failed to ensure open food items stored in the refrigerator were dated; spoiled fruit was promptly removed/discarded from the walk-in refrigerator; a beverage labeled with a staff member's name was not stored in the walk-in refrigerator; and expired food was promptly removed/discarded by the expiration date to prevent service to residents; to ensure sanitary procedures including hand hygiene were followed when handling raw and cooked food, to prevent a potential foodborne illness in 1 of 1 kitchen. This failed practice had the potential to affect 95 residents as documented on a list provided by the Director of Nursing (DON) on [DATE] at 12:39 PM. Findings include: 1. A review of a facility dietary service policy titled, Food Receipt and Storage, dated [DATE] indicated, . Foods should be .stored properly to prevent food borne illnesses . Standard: Foods should be checked for freshness . stored in accordance . Storage of Foods . k. Open food items should be covered, labeled, and dated . a. During an observation and interview on [DATE] at 11:17 AM, one open bag of shredded lettuce was on a metal shelf in the walk-in refrigerator. The Registered Dietician (RD) #4 stated the lettuce should be labeled with the open date. b. During a concurrent observation and interview on [DATE] at 11:18 AM, two flats of strawberries were stacked on a metal shelf in the walk-in refrigerator. The top flat held 6 containers of strawberries covered with a gray fuzzy material. Registered Dietician (RD) #4 stated there were 6 quarts of strawberries covered with a moldy substance, and the strawberries need to be tossed. c. During an observation and interview on [DATE] at 11:30 AM, a 16.9 ounce bottle of water, with [Employee Name] written on label, was located on a metal shelf to the left of the refrigerator door. Registered Dietician (RD) #4 stated she did not know who (Employee Name) was and stated she would have to ask. No (Employee Name) is on the census list provided by the facility. d. During a concurrent observation and interview on [DATE] at 06:26 AM, a box containing individual servings of relish, with an expiration date of [DATE], was located on a shelf in the dry storage room. Dietary Manager (DM) #5 stated the half full case of relish should not be on the shelf or served to residents because it is out of date and if served it had the possibility to cause illness to the residents. 2. A review of a dietary service facility policy titled, Hand-washing Guidelines, dated [DATE], indicated, . Purpose: To prevent the spread of bacteria that may cause food borne illness . Process: .Hands should be washed in the following situations: .After hands have touched anything unsanitary . After hands have touched the face, nose . While preparing food, especially when changing preparation procedures, and when working with different raw foods . (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	a. A review of an infection prevention policy titled, Hand Hygiene, dated [DATE] indicated, .Purpose: To provide guidelines to employees for proper and appropriate hand washing techniques and will aide in the prevention of the transmission of infections. Standard: Handwashing should be performed .Hand Hygiene continues to be the primary means of preventing the transmission of infection. The following is a list of some situations that require hand hygiene .before and after .handling food (hand washing with soap and water) . b. During an observation on [DATE] at 7:31 AM, Dietary [NAME] (DC) #6 cracked 2 raw eggs into a frying pan on the stovetop, returned to the serving line, prepared two trays with plates, then placed scrambled eggs and sausage on the plates. DC #6 returned to stove, cracked a raw egg into frying pan, a portion of the shell fell into pan. DC #6 removed the shell, with clear egg material attached, from the pan with a metal spatula/[NAME] and used her fingers to dispose of the shell. DC #6 cracked 4 additional eggs into the frying pan and returned to the serving line. She placed scrambled eggs and a sausage patty on a plate and pushed the tray down the line toward the serving window. DC #6 removed two cooked eggs from the fry pan and cracked 2 raw eggs into the fry pan. No hand washing was performed when changing from raw food prep to cooked food area. c. During an interview on [DATE] at 7:34 AM, Dietary Manager (DM) #5 was notified of Dietary [NAME] (DC) #6's moving between stations, handling raw eggs and placing cooked food on plates to be served to residents without hand washing. DM #5 removed three trays prepared by the cook from the serving line and stated this should not occur. d. During a follow up interview on [DATE] at 8:36 AM, Dietary Manager (DM) #5 stated Dietary [NAME] (DC) #6 should not have handled raw egg products then moved back to the serving line without hand washing. It is very dangerous for residents due to possibility of cross contamination, salmonella and other bacteria. e. During an interview on [DATE] at 8:39 AM, Dietary [NAME] (DC) #6 stated you should not change work areas due to cross contamination and you should wash your hands.

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(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 - Some

Provide and implement an infection prevention and control program.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 50924

Based on observations, interviews, record review, facility document review, and facility policy review, the facility failed to ensure a staff member did not remove food from the floor and place it on a dining table during meal service; failed to ensure hand hygiene was performed while assisting a resident with their meal intake for 1 (Resident #12) resident of 2 sampled residents observed during meal service and failed to ensure hand hygiene was performed while handling meal trays; failed to ensure hand hygiene and glove changes were performed during tracheostomy care for 1 (Resident #99) resident of 1 sampled resident reviewed for tracheostomy care; and failed to ensure proper personal protective equipment (PPE) was used and hand hygiene was performed with glove changes, during perineal care for 1 (Resident #21) resident of 1 sampled resident observed during perineal care.

Findings include:

1. A review of a dietary service facility policy titled, Hand-washing Guidelines, dated 02/01/2002, indicated, . Purpose: To prevent the spread of bacteria that may cause food borne illness . Process: .Hands should be washed in the following situations: .After hands have touched anything unsanitary . After hands have touched the face, nose .

A review of an infection prevention facility policy titled, Hand Hygiene, dated 06/11/2020 indicated, .Purpose: To provide guidelines to employees for proper and appropriate hand washing techniques and will aide in the prevention of the transmission of infections. Standard: Handwashing should be performed between procedures with resident . based upon the principle that all . secretions . and mucus membranes may contain transmissible infections agents . Hand Hygiene continues to be the primary means of preventing the transmission of infection. The following is a list of some situations that require hand hygiene . before and after . handling food (hand washing with soap and water) . wiping nose . after contact with a resident . mucus membranes . or excretions .

A review of the Face Sheet indicated the facility admitted Resident #12 with diagnoses that included frontal neurocognitive disorder, dysphasia, oropharyngeal phase, muscle wasting and atrophy, and lack of coordination.

A review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/14/2024, revealed Resident #12 had a Staff Assessment of Mental Status (SAMS) score of 3 which indicated the resident had severe cognitive impairment. Resident #12 required partial to moderate assistance with eating.

A review of Resident #12's Care Plan, dated 07/18/2019, revealed the resident had the potential for weight loss. Interventions included intermittent assistance with meals, use small bites, alternate food and liquids.

During an observation on 07/29/2024 at 12:55 PM, Nursing Assistant (NA) #1 picked up food from the floor and placed it on the resident's napkin on the table. No hand hygiene was performed. NA #1 placed food on a spoon and placed it in Resident #12's mouth.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 07/29/2024 at 1:05 PM, Nursing Assistant (NA) #1 was touching his mouth, face, and tapping his fingers on the table. No hand hygiene was performed. NA #1 then assisted Resident #12 with a beverage. During an interview on 07/30/2024 at 8:38 AM, Nursing Assistant (NA) #1 stated his hands should have been sanitized after touching his cheek and lips and he should not have picked up the food from the floor and put it back on the table because cross contamination and infection could be caused to the resident. 2. A review of the Facility Assessment with a review and approved date of 07/22/2024 revealed, .(19) Tracheostomy Comments: Our facility hasn't provided care for any patients with this need. In the event of a referral for a resident with an established trach and otherwise clinically accepted, staff would require additional training . A review of the policy titled, Tracheostomy Care with an effective date of 11/30/2017, documented, .Purpose: .Care of the tracheostomy is important to maintain an open airway and to prevent infection of the site. Standard: .Aseptic technique is used: .during cleaning . Process: .i) Remove old dressing, pull soiled glove down over the hand, and the soiled dressing, and roll glove over dressing; discard both into appropriate receptacle j) Put on sterile gloves k) Squeeze out excess normal saline from 4x4 and cleanse under tracheostomy tube flanges and ties l) Use cotton tipped applicator saturated with normal saline or hydrogen peroxide to remove any encrusted material difficult to remove with gauze. m) Continue cleaning until skin surrounding site is clean) Dry area with sterile 4x4 gauze o) Remove old tracheostomy ties while assistant holds neck plate of tracheostomy in place, OR if old ties not excessively soiled . Use of [Brand Name] Disposable Cannula . b) Remove present inner cannula . d) Reinsert new cannula . the inner cannula should be moistened with sterile saline or water soluble lubricant . g) Follow steps (i) through (r), OR Reusable cannula for dressing and tracheostomy tie changes . A review of the Matrix for Providers presented by the facility on 07/29/2024 indicated Resident #99 was admitted to the facility on [DATE] with a tracheostomy. A review of a facility document titled, Face Sheet indicated the facility admitted Resident #99 on 07/02/2024 at 4:06 PM, with diagnoses that included quadriplegia, acute respiratory failure, chronic respiratory failure with hypoxia and tracheostomy status. Review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/11/2024 revealed, Resident #99 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact, had upper and lower body functional limitations, required a wheelchair for mobility, required staff assistance for meals, was dependent on staff for oral hygiene, toileting, personal hygiene, and was receiving tracheostomy care and suctioning. A review of Resident #99's Care Plan, with a start date of 07/08/2024, revealed the resident had altered respiratory function related to chronic respiratory failure and potential for complications related to tracheostomy. Interventions included suction trach as ordered. (continued on next page)

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F 0880

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

A review of the Physician Orders, revealed Resident #99 had an order to clean trach site with sterile trach kit apply split sponge gauze dressing and monitor for s/s (sign/symptoms) of infection; Use tracheostomy product #6 mm (millimeter) daily suction as needed and change tubing and suction canister every Wednesday, and a PRN (as needed) order for trach suctioning.

During an observation on 07/30/2024 at 2:15 PM, Licensed Practical Nurse (LPN) #2 explained care to Resident #99, inspected and loosened trach collar neck ties, removed gloves washed hands, and donned sterile gloves, removed a soiled split gauze from under the neck plate of the device, placed the soiled gauze into a container with the clean supplies, picked up clean split gauze out of the same container and placed under the neck plate. Skin and neck plate were not cleaned, no hand hygiene or glove change was performed between the dirty and clean tasks. LPN #2 fastened clean neck ties to the neck plate and secured with the hook and loop fastener over the top of the soiled neck ties. Removed soiled neck ties, gloves and disposed of supplies.

During an interview on 07/30/2024 at 2:46 PM, Licensed Practical Nurse (LPN) #2 stated a sterile kit was used with a clean technique. The neck plate needs to be cleaned and the skin below it should be cleaned. LPN #2 stated, I kept the sterile gloves in play and did not sanitize or change gloves. LPN #2 stated the dirty items should not be taken to the clean field due to contamination and the potential to cause infection.

During a concurrent observation and interview on 07/31/2024 at 7:45 AM, Certified Nursing Assistant (CNA) #3 was at the kitchen serving window, preparing resident meal trays. CNA #3 scratched her cheek and placed a lid on a bowl containing hot cereal, and then placed a dome cover on a plate without performing hand hygiene. CNA #3 stated hand hygiene should have been performed after touching her face to prevent cross contamination that can cause illness to residents.

3. A review of a facility policy titled, Enhanced Barrier Precaution, dated 04/29/2024 indicated, .3. EBP [Enhanced Barrier Precautions] requires donning [putting on] of gown and gloves during high-contact resident/guest care activities . 5. EBP is employed while performing High - contact resident/guest care activities . Providing hygiene . Changing briefs or assisting with toileting .

A review of the Physician ' s Orders, revealed Resident #21 had a diagnosis of an open area to left lower extremity placed on Enhanced Barrier Precautions 06/26/24.

During an observation on 07/30/2024 at 4:07 PM, Certified Nursing Assistant (CNA) #14 and Nursing Assistant (NA) #15 enter Resident #21's room with gloves on only. Resident #21 was placed on the bed utilizing a mechanical lift. Perineal care was provided. Dirty gloves were still on when NA #15 placed the clean brief on Resident #21 and touched Resident #21's bed. CNA #14 still had dirty gloves on when the mechanical lift was removed from the room. No hand hygiene was performed before, during, or after perineal care. No gowns were put on at any time.

During an interview on 07/31/2024 at 4:16 PM, Certified Nursing Assistant (CNA) #14 acknowledged enhanced barrier precautions were ordered for Resident #21 and that they did not utilized PPE. CNA #14 stated gloves should have been changed after dirty care and hand sanitizer should have been applied.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 08/01/2024 at 9:52 AM, the Unit Coordinator/Infection Control (UC/IC) #9 stated it is not acceptable to pick up anything from the floor and place it on the table during a meal or while assisting residents. People walk on the floor, there are germs that can cause infection and you don't want to introduce something from the floor into a resident's mouth, it is just nasty and can make them sick. Staff should be sanitizing their hands if they touch their face or anything else. Infection prevention is number one. You don't know what is on their hands that can potentially introduce something to a resident and make them ill. She continued to say that when providing tracheostomy care, staff should sanitize their hands, put on gloves, and a gown, remove the dressing, clean the trach area, and remove the gloves and sanitize. They should then put on sterile gloves and finish putting in the inner cannula, new gauze under the plate, and secure neck strap. Gloves should be changed, and hands sanitized when going from dirty to clean. If that is not done it can cause a possible infection and with trachs (tracheostomy). You should try everything you can to not introduce anything new that would cause infection to a resident and possibly lead to death. UC/IC #9 stated enhanced barrier precautions should be used during perineal care, using hand hygiene and gloves. Hand hygiene and glove changes should be done when going from dirty to clean, and more frequently if the gloves become soiled. If staff are unsure about what to put on, they should ask their nurse. Enhanced barrier precautions are in place to prevent infection and germs that cause urinary tract infections (UTI) such as C-Diff (clostridioides difficile) and ESBL (extended spectrum beta lactamase). There is no way to determine the type of infection that could be caused if you are not using proper procedures. 42016