

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER The Springs of Waldron		STREET ADDRESS, CITY, STATE, ZIP CODE 1369 West 6th Street Waldron, AR 72958	

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)
<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>48977</p> <p>Based on observations, interviews, record review, and facility policy review, the facility failed to ensure care was provided to 1 (Resident #5) of 3 (Residents #4, #5, #6) sampled residents in a manner to promote dignity.</p> <p>The finding include:</p> <p>A review of the significant change Minimum Data Set (MDS), with the Assessment Reference Date of 9/15/2024, revealed Resident #5 had a Brief Interview of Mental Status (BIMS) score of 12, indicating moderate impaired cognition. Resident #5 was frequently incontinent of bowel and bladder.</p> <p>A plan of care for Resident #5, revision date 8/15/2023, revealed Resident #5 had an Activities of Daily Living (ADL) self-care deficit related to impaired mobility, weakness, and fluctuation in mental status.</p> <p>On 12/10/2024 at 1:45 PM, this surveyor observed Certified Nursing Assistant (CNA) #2 and CNA #3 provide care to Resident #5. No measures were put in place to promote privacy and dignity.</p> <p>On 12/10/2024 at 2:00 PM, CNA #3 stated privacy measures were not put in place because the resident did not have a roommate. CNA #2 stated someone could walk in the resident's room and that would be a privacy issue.</p> <p>On 12/11/2024 at 8:08 AM, the Director of Nursing stated that privacy measures should be in place regardless of the resident being in a private or semi-private room, because someone could walk in the resident's room or look through the window.</p> <p>A review of policy titled Dignity noted each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feeling of self-worth and self-esteem.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER The Springs of Waldron		STREET ADDRESS, CITY, STATE, ZIP CODE 1369 West 6th Street Waldron, AR 72958	

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)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>48977</p> <p>Based on observation, interviews, record review, and facility policy review, the facility failed to ensure the physician's order for wound care was followed correctly for 1 (Resident #6) of 3 (Residents #4, #5, #6) sampled residents.</p> <p>The finding include:</p> <p>A review of the quarterly Minimum Data Set (MDS), with the Assessment Reference Date of 10/29/2024, revealed Resident #6 had a Brief Interview of Mental Status (BIMS) score of 15, indicating cognitively intact. Resident #6 had an unhealed stage II pressure ulcer.</p> <p>The plan of care for Resident #6, revision date 12/06/2024, revealed Resident #6 was at risk for impaired skin integrity related to impaired mobility and declining health.</p> <p>A review of the Treatment Administration Record (TAR) revealed that Resident #6 had a physician's order for treatment to right side of the sacrum to cleanse with normal saline (NS), pat dry, apply Leptospermum (Manuka) honey (a medication used to treat wounds and burns), and cover with duoderm (a hydrocolloid, moisture-retentive wound dressing used for partial and full-thickness wounds with exudate).</p> <p>On 12/11/2024 at 7:47 AM, this surveyor observed the Infection Control/Wound Care Nurse provide wound care to Resident #6. This surveyor observed the Infection Control/Wound Care Nurse clean the wound with dermal wound cleanser, apply Leptospermum (Manuka) honey (a medication used to treat wounds and burns), and a hydrocolloid dressing.</p> <p>On 12/11/2024 at 8:50 AM, the Infection Control/Wound Care Nurse stated, I messed up. I misread the order and used wound cleanser rather than normal saline.</p> <p>On 12/11/2024 at 9:20 AM, the Director of Nursing (DON) stated that wound cleanser and normal saline are not the same. Therefore, the physician's order was not followed. The DON stated not following the physician's order could harm the resident and affect the healing of the wound.</p> <p>A review of the facility policy titled Wound Care noted the purpose of this procedure is to provide guidelines for the care of wounds to promote healing.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER The Springs of Waldron		STREET ADDRESS, CITY, STATE, ZIP CODE 1369 West 6th Street Waldron, AR 72958	
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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>48977</p> <p>Based on observations, interviews, record reviews, and facility policy review, the facility failed to ensure incontinence care was provided to 1 (Resident #5) of 3 (Residents #4, #5, #6) sampled residents in a manner to promote cleanliness and/or prevent skin breakdown.</p> <p>The findings include:</p> <p>A review of the significant change Minimum Data Set (MDS), with the Assessment Reference Date of 9/15/2024, revealed Resident #5 had a Brief Interview of Mental Status (BIMS) score of 12 indicating moderate impaired cognition. Resident #5 was frequently incontinent of bowel and bladder.</p> <p>A plan of care for Resident #5, revision date 8/15/2023, revealed Resident #5 had an Activities of Daily Living (ADL) self-care deficit related to impaired mobility, weakness, and fluctuation in mental status.</p> <p>On 12/10/2024 at 1:45 PM, this surveyor observed Certified Nursing Assistant (CNA) #2 and CNA #3 provide incontinence care to Resident #5, who had been incontinent of bladder. CNA #2 and CNA #3 did not clean all areas of the perineal and buttock areas that had been exposed to urine.</p> <p>On 12/10/2024 at 2:00 PM, CNA #2 and CNA #3 both confirmed all areas exposed to urine were not cleaned. CNA #2 stated not cleaning all areas exposed to urine could potentially cause urine to remain on the resident and/or cause skin breakdown.</p> <p>On 12/11/2024 at 8:08 AM, the Director of Nursing (DON) stated when staff provide incontinent care to the resident all areas exposed to urine should be cleaned to get germs, urine, and/or stool off the resident's body and prevent skin breakdown.</p> <p>A review of facility policy titled Perineal Care noted the purpose of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER The Springs of Waldron		STREET ADDRESS, CITY, STATE, ZIP CODE 1369 West 6th Street Waldron, AR 72958	
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)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>48977</p> <p>Based on observation, record review, and interview, the facility failed to ensure meals were prepared and served according to the planned written menu to ensure that nutritionally balanced meals were provided for the residents for 1 of 1 meal observed.</p> <p>The findings are:</p> <ol style="list-style-type: none"> On 12/09/2024, the menu for the noon meal documented residents on pureed regular diets and on mechanical soft diets were to receive 4 ounces (oz) of meat balls in sauce. On 12/9/24 at 12:11 PM, Dietary [NAME] (DC) #1 placed 16 meatballs into a blender and ground. DC #1 poured the ground meatballs into a pan and placed it on the steam table to be served to 17 residents who required mechanical soft diets. On 12/9/24 at 12:30 PM, during the noon meal service, DC #1 used a 2-ounce spoon to serve a single portion of ground meatballs to eight (8) residents on mechanical soft diets instead of 4 ounces. At 12:51 PM, the 16 meatballs prepared to be served to 17 residents ran out after serving 8 residents 2 ounces instead of 4 ounces. On 12/9/24 at 12:53 PM, DC #1 placed 21 meat balls into a pan and handed it to the Dietitian. The Dietitian poured the meatballs into a blender, ground, and poured the ground meat content into a pan and placed it on the steam table to be served to the remaining nine (9) residents who received mechanical soft diets. At 12:58 PM, DC #1 used a 2-ounce spoon to serve a single portion of ground meat balls to residents on mechanical soft diets, instead of 4 ounces. On 12/09/24 at 1:50 PM, the Assistant Dietary Manager (ADM) was asked if she could weigh the meatballs starting from one (1) meatball. She did so and stated one (1) meatball weighed 1 ounce, two (2) meatballs weighed 2 ounces, and three (3) meatballs weighed 3 ounces. On 12/10/24 at 11:38 AM, DC #1 was interviewed and asked if there was any reason she should not serve the proper number of meatballs, and if she checked the menu or recipe to determine how many meatballs to cook for the number of residents who received meal trays from the kitchen. DC #1 stated she didn't think she did enough. She gave three (3) meatballs each to about 15 residents and gave two (2) meatballs to the rest of the residents. DC #1 stated she would have run out of meatballs if she had given three (3) meatballs to each resident. DC #1 confirmed that she did not prepare enough. She would have needed to use at least three (3) or four (4) bags of meatballs, but there were only two (2) bags available in the freezer and that's what she used. 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER The Springs of Waldron		STREET ADDRESS, CITY, STATE, ZIP CODE 1369 West 6th Street Waldron, AR 72958	
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)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>48977</p> <p>Based on observation, record review, and interview, the facility failed to ensure meals were prepared in a method that maintained appearance and taste acceptable to residents to improve palatability and encourage good nutritional intake during 1 of 1 observed meal.</p> <p>The findings are:</p> <ol style="list-style-type: none"> On 12/9/24 at 1:30 PM, Resident #1 was interviewed and asked if the facility has run out of food. Resident #1 stated the food is sometimes good and sometimes bad. This surveyor asked the resident when the food is bad what is the issue? The resident stated there was no seasoning on it. On 12/10/24 at 7:47 AM, Resident #6 stated the food in the facility was horrible and there was no seasoning. On 12/10/24 at 11:44 AM, Dietary [NAME] (DC) #1, removed a pot of boiled rice from the stove and placed it on the counter. As DC #1 was transferring rice into a pan with a spatula, she used her contaminated gloved hand to push rice stuck on the spatula into a pan. The cooked rice appeared to be too sticky. On 12/11/24 at 8:31 AM, the Assistant Dietary Manager (ADM) was interviewed and was asked to describe the appearance of rice. She stated, very sticky and bland. On 12/11/24 at 8:25 AM, the Dietary Manager (DM) was interviewed and was asked to describe the appearance of rice served to the residents at lunch meal on 12/10/2024. The DM stated, DC #1 messed it up. It was not seasoned properly, was sticky, and DC #1 added butter without mixing it thoroughly. On 12/11/24 at 9:26 AM, DC #1 was interviewed and was asked how she cooked rice. DC #1 stated she simply boiled water and added rice to cook it. Afterward she put a cup of butter on top of it, but didn't mix it in. DC #1 confirmed she messed it up and should have added seasoning. DC #1 stated she let it sit for too long which caused it to clump together. DC #1 also was asked if she tasted the rice after cooking it. She stated she did, and it was bland. 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER The Springs of Waldron		STREET ADDRESS, CITY, STATE, ZIP CODE 1369 West 6th Street Waldron, AR 72958	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48977</p> <p>Based on observation, interview, and record review, the facility failed to ensure foods stored in the dry storage areas, refrigerator, and freezer were covered and sealed, expired food items were promptly removed, and dietary staff washed their hands before handling clean equipment or food items for 2 of 2 meals observed.</p> <p>The findings are:</p> <p>1. On [DATE] at 11:13 AM, the following observations were made in the kitchen areas:</p> <p>a. An opened box of baking soda was in the cabinet above the food preparation counter. The box had an expiration date of [DATE]. The Dietary Manager (DM) was interviewed and was asked what she use baking soda for. The DM stated the staff used it when a recipe calls for it, but they had not used it to bake anything in a long time.</p> <p>b. Five (5) boxes of baking soda were in a cabinet above the food preparation counter. The boxes had an expiration date of [DATE].</p> <p>c. An opened box of brown sugar was on a shelf above the food preparation counter. The bag was not sealed.</p> <p>d. An opened bag of grits was on the shelf above the food preparation counter. The bag was not sealed.</p> <p>e. An opened box of plain salt was on shelf above the food preparation counter. The box of salt was not covered.</p> <p>f. An opened gallon of soy sauce was on shelf below the food preparation counter. the manufacturer's instructions on the gallon indicated, Refrigerate after opening.</p> <p>2. On [DATE] at 11:38 AM, the following observations were made in the storage room:</p> <p>a. An opened 50-pound (lb.) bag of white cake mix. The bag was not sealed.</p> <p>b. An opened 25 lb. bag of fortified milk. The bag was not sealed.</p> <p>c. An opened 25lb. bag of brown sugar. The bag was not sealed.</p> <p>d. An opened 50 lb. bag of cornmeal. The bag was not sealed.</p> <p>3. On [DATE] at 11:42 AM, the following observations were made on a shelf in the walk-in refrigerator:</p> <p>a. An opened box of doughnuts. The box was not covered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER The Springs of Waldron		STREET ADDRESS, CITY, STATE, ZIP CODE 1369 West 6th Street Waldron, AR 72958	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. An opened clear bag of coconut. The bag was not sealed.</p> <p>c. An opened clear bag of bag of yogurt. The bag was not sealed.</p> <p>d. An opened bag of shredded carrots. The bag was not sealed.</p> <p>e. Two (2) opened boxes of baking soda. The opened boxes had expiration dates of [DATE].</p> <p>4. On [DATE] AM at 11:44 AM, the following observations were made on a shelf in the walk-in freezer:</p> <p>a. An opened bag of vegetables blend. The bag was not sealed.</p> <p>b. An opened box of biscuits. The box was not covered or sealed.</p> <p>c. An opened box of chicken nuggets. The bag was not sealed.</p> <p>d. An opened box of peas and carrots. The box was not covered or sealed.</p> <p>e. An opened bag of onion rings. The bag was not sealed.</p> <p>f. An opened bag of fries. The bag was not sealed.</p> <p>g. An opened box of corn on the cob. The box was not covered or sealed.</p> <p>5. On [DATE] at 12:14 PM, Dietary [NAME] (DC) #1 wore gloves when opening an alcohol packet, contaminating the gloves in the process. DC #1 then used the contaminated gloves to remove an alcohol pad. Without changing gloves or washing her hands, DC #1 touched bread sticks in a pan on the stove with the contaminated gloves. DC #1 wiped the stem of the temperature gauge with an alcohol pad and checked the temperature of the meatballs. DC #1 then used the contaminated glove to push the meatball stuck on the temperature gauge tip into a pan. DC #1 was interviewed immediately and was asked what she should have done after touching dirty objects and before handling food items. DC #1 stated she should have removed gloves and washed her hands.</p> <p>6. On [DATE] at 12:32 PM, Dietary [NAME] (DC) #1 wore gloves on her hands while serving the lunch meal. DC #1 picked up tray cards, contaminating the gloves. Without changing gloves and washing her hands, DC #1 picked up plates, placed them on the plates inside the trays with her fingers, touching the inside of the plates to be used in portioning food items to be served to the residents. DC #1 picked up bread sticks and placed them on the plates to be served to the residents.</p> <p>7. On [DATE] at 1:03 PM, Dietary [NAME] (DC) #4 opened the refrigerator door, took out a jelly, and placed it on the counter. DC #4 did not wash her hands. She placed gloves on her hands and contaminated the gloves. DC #4 untied the bread bag, removed slices of bread from the bag, placed them on the plate, and spread peanut butter and jelly on the slices of bread to be served to the residents who requested it.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER The Springs of Waldron		STREET ADDRESS, CITY, STATE, ZIP CODE 1369 West 6th Street Waldron, AR 72958	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>8. On [DATE] at 7:19 AM, DC #1 had gloves on her hands when she was on the tray line serving the breakfast meal. She picked up tray cards and placed them on the trays, contaminating the gloves. Without changing gloves and washing her hands, DC #1 picked up plates and bowls, touching the inside of the plates and bowls with her contaminated gloved fingers, and placed them on the steam table shelf for portioning food items to be served to the residents for breakfast meal. DC #1 was interviewed and was asked what she should have done after touching and before handling food items. DC #1 stated she should have washed her hands.</p> <p>9. On [DATE] at 7:53 AM, DC #1 tucked her gloved hands below her chest, touched her blouse, and contaminated the gloves. DC #1 then picked up a tray card and held it in her contaminated gloved hand. Without changing gloves and washing her hands, DC #1 picked up a plate with the contaminated gloved fingers inside the plate. Then she picked slices of toast up and placed on a plate to be served to the residents for the breakfast meal. DC #1 was interviewed and was asked what she should have done after touching dirty objects and before handling food items. DC #1 stated she should have removed gloves and washed her hands.</p> <p>10. A review of facility policy titled, Manual: Food and Nutrition Services-Quick Resources tool: Hand washing not dated and provided by the Dietary Manager indicated hands should be washed as often as possible, before starting to work with food, utensils or equipment and as needed during food preparation and when changing tasks.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER The Springs of Waldron		STREET ADDRESS, CITY, STATE, ZIP CODE 1369 West 6th Street Waldron, AR 72958	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>48977</p> <p>Based on observations, interviews, record review, and facility policy review, the facility failed to ensure staff used proper hand hygiene when providing care for 2 (Residents #5, #6) of 3 (Residents #4, #5, #6) sampled residents.</p> <p>The finding include:</p> <ol style="list-style-type: none"> 1. A review of the significant change Minimum Data Set (MDS), with the Assessment Reference Date of 9/15/2024, revealed Resident #5 had a Brief Interview of Mental Status (BIMS) score of 12, indicating moderate impaired cognition. Resident #5 was frequently incontinent of bowel and bladder. <ol style="list-style-type: none"> a. A plan of care for Resident #5, revision date 8/15/2023, revealed Resident #5 had an Activities of Daily Living (ADL) self-care deficit related to impaired mobility, weakness, and fluctuation in mental status. b. On 12/10/2024 at 1:45 PM, this surveyor observed Certified Nursing Assistant (CNA) #2 and CNA #3 did not use proper hand hygiene while providing care to Resident #5. This surveyor observed CNA #2 apply a clean brief and place a pillow under the resident's knees with dirty gloves. c. On 12/10/2024 at 2:00PM, CNA #3 stated hand hygiene should be used between glove changes and confirmed that hand hygiene was not done between glove changes. d. CNA #2 stated that she should have applied clean gloves prior to placing a clean brief on resident #5, and she potentially spread germs by handling the resident's pillow with dirty gloves. 2. A review of the quarterly Minimum Data Set (MDS), with the Assessment Reference Date of 10/29/2024, revealed Resident #6 had a Brief Interview of Mental Status (BIMS) score of 15 indicating cognitively intact. Resident #6 had an unhealed stage II pressure ulcer. <ol style="list-style-type: none"> a. A plan of care for Resident #5, revision date 12/06/2024, revealed Resident #6 was at risk for impaired skin integrity related to impaired mobility and declining health. b. On 12/11/2024 at 7:47 AM, this surveyor observed the Infection Control/Wound Care Nurse provide wound care to Resident #6. The Infection Control/Wound Care Nurse did not don the proper Personal Protective Equipment (PPE) prior to providing care or use proper hand hygiene during care. c. On 12/11/2024 at 7:47 AM, while providing care to Resident #6, the Infection Control/Wound Care Nurse stated after removing gloves I usually use hand sanitizer at this time but did not. 3. On 12/11/2024 at 8:08 AM, the Director of Nursing (DON) stated staff should wash or sanitize hands between glove changes. The DON stated staff should not apply a clean brief with dirty gloves, because you are dirtying your clean. 4. A policy titled Handwashing/Hand Hygiene noted this facility considers hand hygiene the primary means to prevent the spread of infection. 		