STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056479	A. Building B. Wing	08/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alameda County Medical Center D/P Snf	15400 Foothill Boulevard San Leandro, CA 94578

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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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40903 Based on observation, interview, and record review the facility failed to ensure safe practices on storage and handling of the hazardous medications (or HD, Drugs that pose short- or long-term harm upon exposure to human via skin or inhalation) in three out of six medication carts with resident census of 106 based on CDC's (Centers for Disease Control and Prevention, a federal agency leading the science-based, data-driven, service organization that protects the public's health) National Institute for Occupational Safety and Health (NIOSH a federal agency that is part of the CDC; NIOSH conducts research and makes recommendations for the prevention of work-related hazards, injury and illness) guidelines. The unsafe storage and handling of hazardous medications could pose health risk to staff and residents. Findings: 1. During a concurrent observation and interview with Licensed Nurse 2 (LN 2), on 8/19/24, at 10:40 AM, in the facility's B2 unit, the Medication Cart 2 stored multiple medications labeled by pharmacy as Hazardous Material with a black and white strip as part of prescription label. Further observation indicated a bottle of drug called megestrol tablet (or Megace, a type of hormone used to treat cancer or stimulate appetite) was stored inside an individual zip lock plastic bag with a large yellow [NAME] to handle safely Observe safety precautions for handling and administration. The medication cart additionally stored other labeled hazardous material drugs including finasteride (a hormone used to treat enlarged prostate) and tofacitinib (a drug belong to class of drugs called tumor necrosis factor blockers, suppressed immune system, and used to treat sever arthritis) that were not contained inside a zip lock bag to prevent the accidental exposure during medication storage and handling. LN 2 stated she was not sure why some bottles were in a hazard bag, and some were not. (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

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. During a concurrent observation and interview with Licensed Nurse 3 (LN 3), on 8/19/24, at 11 AM, in facility's B2 unit, the Medication Cart 1 stored multiple medications labeled by pharmacy as Hazardous Material on the body of the prescription label. Further observation indicated a bottle of drug called methotrexate in tablet form (a drug used to treat cancer and severe arthritis) was stored inside an individual zip lock plastic bag with a large yellow warning to handle safely Observe safety precautions for handling and administration. The medication cart additionally stored other labeled hazardous material drugs including colchicine tablet (drug used to treat pain associated with [NAME] arthritis), Dilantin (or Phenytoin, used to treat or prevent seizure in the brain; Seizure a disease that caused temporary burst of uncontrolled electrical activity in the brain leading to loss of conscious and body movement) in capsule form, and Liquid bottles of megestrol. LN 3 stated the yellow hazard bag alerted the nurse to use gloves when handling the drug. 3. During an inspection of the facility's Medication Cart 2, at Unit B3, on 8/19/23, at 2:54 PM, accompanied by Licensed Nurse 7 (LN 7), the cart stored a bottle of drug called megestrol tablet stored inside an individual zip lock plastic bag with a large yellow warning to handle safely Observe safety precautions for handling and administration. Further observation indicated storage of hazardous drugs without protective covering including oxcarbazepine bottle of pills (drug used to treat Seizure), Divalproex bottle of pills (or Depakote, a seizure drug also used for treating mood swings) which was not labeled as Hazardous in the body of the label, and Dilantin (or phenytoin drug used to treat seizure) liquid bottles with yellow color spills on the outer surface of the bottle. In an interview with Director of Nursing (DON), on 8/22/24, at 12:49PM, the DON stated the inconsistent storage of hazardous drugs for safe handling could be pose safety to staff who used the medication cart every day. The DON stated the facility relied on pharmacy to provide consistent method of highlighting the risks and safe containment. The DON stated pharmacy should put all of the hazardous drugs in a protective bag for safe use and handling. The DON stated the nurses should use gloves and whatever needed per policy. The DON stated having hazardous med in the hazard bag helped the nurses to recognize them for safer handling in addition to use of protective gloves. Review of facility's undated policy, titled Policies and Procedures for Safe handling of Hazardous Drugs, the policy under purpose indicated The policies and procedures within this document are designed to establish safe handling of hazardous drugs (HD's) for the healthcare worker at this facility and to provide guidance to create a safe, consistent method for receipt, storage, preparation, administration and disposal of hazardous drug. The policy on objective section indicated To ensure that the staff at this LTC (Long Term Care) nursing facility handle all hazardous drug according to procedures in this document or to state or federal regulation, whichever is stricter. The policy on receiving section indicated Yellow HD Caution: Hazardous Drug auxiliary labels should be affixed by pharmacy personnel receiving medication to manufacturers packaging prior to transportation to storage. The policy on storage section indicated HDs shall be stored in a manner that prevents spillage . Review of the Center for Disease Control's National Institute for Occupational Safety and Health (CDC, and NIOSH, a federal agency sets standard of safety in health care) document, titled Managing Hazardous Drug Exposures: Information for Healthcare Settings, dated 4/2023, last accessed on 8/27/24 via https://www.cdc.gov/niosh/docs/2023-130/default.html, the document indicated Workplace exposure to hazardous drugs can result in negative acute and chronic health effects in healthcare workers including adverse reproductive outcomes. Efforts should be made to reduce all worker exposures to hazardous drugs. Occupational exposure to hazardous drugs merits serious consideration, as workers may be exposed daily to multiple hazardous drugs over many years. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the clinical guidelines from American Society of Health-System Pharmacists (ASHP serves as a collective voice on issues related to medication use and public health), titled ASHP Guidelines on Handling Hazardous Drugs, last accessed on 8/24/24 via https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/handling-hazardous-drugs.ashx , the guideline indicated Drugs that have been identified as requiring safe handling precautions should be clearly labeled at all times during their transport, storage, and use . The document indicated NIOSH categorized hazard level to three groups: Group 1 hazard level included antineoplastic drugs (cancer drugs) and Group 2, and Group 3 were non-antineoplastic hazardous drugs including reproductive risks (ability to have healthy children). Review of the facility provided NIOSH list of hazardous drug, and comparative review of the drug information website called UpToDate Lexidrug, last accessed on 8/27/24, the documents indicated Megace (or megestrol) was on Group 1 of hazardous drugs while tofacitinib, Dilantin, and oxcarbazepine were listed in the Group 2 of hazardous drugs and finasteride and colchicine were listed in the Table 3 of the NIOSH hazardous drug with recommendation Use appropriate precautions for receiving, handling, storage, preparation, dispensing, transporting, administration, and disposal.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. 40903 Based on interview and record review the facility failed to ensure safe use of antibiotic eye medication called erythromycin ophthalmic (eye) ointment (ointment a smooth oily preparation mixed with antibiotic to treat eye infection) for ongoing long-term use in one out of five residents reviewed for unnecessary medication (Resident 36). This unsafe practice could contribute to ineffective use of antibiotic for an unapproved indication and risk of antibiotic becoming ineffective with long term use. Findings: During a record review of Resident 36's electronic medical record, titled MAR Report (MAR stands for Medication Administration Record; a document used by nursing staff to document orders carried out based on doctor's order), dated 8/21/24, the record indicated an order for eye medication called erythromycin as follow: erythromycin (Romycin, another name for antibiotic) 5 mg/gm (0.5%) [mg stands for milligram and gm stands for gram as measure of weight, and % stand for percent as measure of potency] ophthalmic ointment: Freq (Frequency of use) 2 times daily; Route: Both eyes; Start 4/8/24 . End: 4/8/25. The order in the MAR did not have a specific duration of use or an indication for use of antibiotic in the eyes. Review of Resident 36's electronic medical record, signed by Medical Doctor 2 (MD 2), dated 7/29/24, the record by eye specialist indicated resident had previous eye surgeries and was treated with multiple eyes drops for glaucoma (a chronic eye disease that damages the nerves, which connects the eye to the brain) and its complications. The record further indicated Resident 36 had an eye condition called Dry Eye Syndrome (an eye condition that occurs when the eyes didn't produce enough tears, or the tears didn't work properly to provide lubrication for the eyes) and treated by artificial tears (a type of eye drop that mimicked the lubrication of natural tears) and erythromycin eye ointment. Efforts to get a hold of MD 2 via phone was unsuccessful during the Department's survey. During a concurrent record review and interview with Medical Doctor 1 (MD 1), the primary physician caring for Resident 36, on 8/21/24, at 1:21 PM, at facility's nursing station for B1 unit, MD 1 stated the eye specialist ordered resident's eye medicines. MD 1 reviewed the most recent progress note by MD 2 on 7/29/24 and confirmed the antibiotic ointment was used as lubricant. MD 1 could not find an active order for artificial tears as noted in the eye specialists' note. MD 1 stated long term use of eye antibiotic could contribute to resistance (means antibiotic no longer worked on the bugs) not to the extent of an antibiotic given by mouth. MD 1 was not sure why the artificial tears eye lubricant was not listed as an order to be administered to Resident 36. (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with facility's Consultant Pharmacist (CP), on 8/22/24, at 11:26 AM, the CP stated she tracked antibiotic use in the facility part of Antibiotic Stewardship Program (or ASP, a set of coordinated approaches to improve how antibiotics were prescribed for the right diagnosis, dose, and duration, and only when needed. This helped minimize the spread of antibiotic resistant). The CP stated she didn't realize how long the eye antibiotics was used when she last reviewed the Resident 36's record. The CP stated the eye specialist and infection disease doctor should have consulted to assess continuation of long-term use of eye antibiotic. The CP stated she could not find a standard of practice or publication that supported long term use of the eye antibiotic as a lubricant. Review of the facility's policy, titled Medication Therapy, dated 4/2007, the policy indicated Each resident's medication regimen shall include only those medications necessary to treat existing conditions and address significant risks. The policy further indicated . the staff and practitioner (assisted by consultant pharmacist) will review an individual's current medication regimen, to identify whether: a. there is a clear indication for treating that individual with medication; . c. the frequency of administration and duration of use are appropriate . Review of erythromycin ophthalmic ointment via online drug information site called UpToDate LexiDrug, last accessed on 8/27/24, the drug monograph (a scientific document that provides factual information about a drug product) indicated the labeled indication for use was Ocular infections (ocular the eye; infection on the surface of the eye). The drug monograph under Warning/Precautions: Concerns related to adverse Effects indicated Prolonged use may result in fungal or bacterial superinfection (new infection occurring after or on top of an earlier infection with continued use of antibiotic).

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40903 Based on observation, interview, and record review the facility failed to ensure safe storage practices for medications and medical supplies stored in medication carts, treatment cart and refrigerators with census of 106 when: 1. Medication Cart 2 in Unit B2 stored undated inhalation medication called Ipratropium/Albuterol (or DuoNeb, an inhalation solution used to treat breathing problems) and opened packets of a skin patch called lidocaine topical system (or Ztlido, a numbing agent used to treat pain). 2. Medication refrigerator in Unit B2 medication room stored unlabeled prescription medication called CathFlo (or alteplase, medication used to unclog Intravenous (IV, into the Vein) line by dissolving the blood clots) and two boxes of suppositories (drug inserted in rectum) called bisacodyl (a bowel laxative) and acetaminophen (pain drug) that did not require refrigeration based on manufacturer recommendation. 3. Treatment Cart in Unit B4 stored unlabeled prescription drugs called Santyl (a topical product used to remove dead tissue from wounds so they can start to heal), tubes of Triamcinolone 0.1% cream (%, or percent and measure of potency), opened wound care supplies and expired bleach product in active storage areas. 4. Medication refrigerator in Unit B3 was unlocked and stored outdated medications including Flu vaccine, an antibiotic liquid medication called vancomycin (used to treat stomach infection) and undated antibiotic liquid bottle called Cephalexin (or Keflex- used to treat infection). These failed practices could contribute to unsafe and spoiled medication use in the facility. Findings: 1. During a concurrent observation and interview with Licensed Nurse 2 (LN 2), on [DATE], at 10:40 AM, in the facility's B2 unit, the Medication Cart 2 stored an inhalation medication called DuoNeb out of its foiled wrap. The product label on the foil box indicated Protect from light. Unit-dose vials should remain stored in the protective foil pouch at all times. Once removed from the foil pouch, the individual vials should be used within one week. The Medication Cart 2 contained two opened packets of a topical drug called lidocaine in the active storage areas. The packets did not have resident name, date, and time it was opened. LN 2 acknowledged the findings and stated the patch was refused by resident. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. During a concurrent observation and interview with Registered Nurse 1 (RN 1), on [DATE], at 12:18 PM, in facility's medication room at unit B2, the refrigerator inside the medication room stored one vial of CathFlo with no label or resident's name on it. Further inspection indicated bisacodyl and acetaminophen suppository boxes were stored in the refrigerator door. The label on bisacodyl product box indicated to Store at 20 to 25 degrees Celsius (,d+[DATE]-degree Fahrenheit) (Celsius and Fahrenheit are temperature scales) and the label on acetaminophen indicated store at ,d+[DATE] degree Celsius (,d+[DATE] degrees Fahrenheit) or in a cool place. RN 1 acknowledged the findings. 3. During a concurrent observation and interview with Licensed Nurse 5 (LN 5), on [DATE], at 2:48 PM, in facility's B4 unit, the Treatment Cart stored unlabeled and used prescription medications and expired supply for wound care in the active storage areas as follow: a. One Santyl ointment 30 gm tube (gm is gram, a measure of weight) with no resident label and partially used. b. Two Triamcinolone 0.1% cream 80 gm tubes marked Rx Only (means prescription drug), with no resident label and partially used. c. Opened and unwrapped packet of a wound care supply called Hydrogel colloidal Sheet with Leptospermum Honey; MEDIHONEY; the packet was marked Do not re-use and indicated a sterile product. d. An opened bottle of a liquid product called Sodium Hypochorite (same as bleach) had manufacturer expiration date on the bottle for ,d+[DATE]. LN 5 acknowledged the findings. 4. During a concurrent observation and interview with Licensed Nurse 6 (LN 6), in the facility's B3 medication room, the medication refrigerator was placed on the ground floor and unlocked. Further observation indicated storage of outdated flu vaccine and undated antibiotic as follow: a. One box of influenza Vaccine (or Flu vaccine) had expiration date of [DATE]. b. One amber color bottle of vancomycin oral solution (antibiotic to treat gut infection) marked as expired on [DATE]. c. Two bottles of liquid antibiotic called cephalexin 250mg/5mL (antibiotic used to treat various infections; the powder product mixed with water prior to dispensing; mg is milligram and mL is milliliter, a measure of dosage and volume) did not have date of reconstitution (date that powder mixed with water). The label on the bottle indicated discard after 14 days. LN 6 acknowledged the findings. In an interview with Pharmacy Supervisor (RX-S), on [DATE], at 11:15 AM, in the B3 hallway, the RX-S stated the pharmacy conducted floor inspection (checking medication storage areas in the facility) on monthly basis and report given to nursing leadership for review. In an interview with Director of Nursing (DON), on [DATE], at 9 AM, the DON stated the medication storage areas were regularly checked for outdates by pharmacy. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of facility's policy, titled Labeling of Medication Container, dated ,d+[DATE], the policy indicated all medications maintained in the facility shall be properly labeled in accordance with current state and federal regulations . Labels for individual containers shall include all necessary information, such as the resident's name, . The expiration date when applicable . The facility did not provide medication storage policy.

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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. 46658 Based on observation, interview and record review, the facility failed to ensure 106 of 106 residents had food prepared and stored in a safe and sanitary manner when: 1. frozen raw tilapia and frozen raw shrimp was stored above ready to eat chicken enchiladas and bean and cheese pupusas. 2. a dispensing scoop was stored in panko breadcrumbs. 3. staff did not perform hand hygiene when their hands were contaminated by picking up a clipboard which fell on the floor. These failures placed the facility's 106 residents who received food from the kitchen at risk of foodborne illness. Findings: 1. During a concurrent observation and interview on 8/19/24, at 10:27 a.m., with Director of Food and Nutrition Services (DFNS) and Registered Dietitian 1 (RD 1), the freezer containing protein products was inspected. One opened box of frozen raw tilapia, one opened box of frozen raw shrimp and one closed box of frozen raw shrimp was found on the shelving above an open box of ready-to-eat chicken enchiladas, two unopened boxes of ready-to-eat chicken enchiladas and three closed boxes of ready-to-eat bean and cheese pupusas. RD 1 stated the raw seafood products needed to be stored below the heat to serve food products. During a concurrent observation and interview on 8/19/24, at 10:30 a.m., with DFNS, a chart titled, proper refrigerator and freezer storage, dated 1/2024, was reviewed. DFNS stated the chart indicated the frozen seafood is stored below frozen cooked and ready-to-eat food. A review of the Food and Drug Administration Food Code, dated 2022, indicated food be protected from cross contamination by separating raw animal foods from ready-to-eat foods. 2. During an observation on 8/19/24, at 10:41 a.m., a bin with a removable lid of panko breadcrumbs was inspected. Inside the container was a metal scoop resting in the panko breadcrumbs. During a concurrent observation and interview on 8/19/24, at 10:42 a.m., with DFNS and RD 1, RD 1 stated the scoop resting in bin needed to be stored outside of the bin to prevent food contamination. A review of the FDA Food Code, dated 2022, indicated dispensing utensils used for dry food items are stored with their handles above the top of the food within containers or equipment that can be closed, such as bins of sugar, flour, or cinnamon. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	3. During an observation on 8/21/24, at 12:10 p.m., food service worker 1 (FSW 1) was wearing gloves and taking food temperatures at the lunch tray line. While moving from a movable cart to the tray line, a clipboard containing the temperature logs fell on the floor, and FSW 1 picked up the clipboard and placed it back on the cart. Without performing hand hygiene or changing gloves, FSW 1 continued to take food temperatures, such as mashed potatoes, pureed food and food held in a hot holding cart, until completion of the task. During an interview on 8/21/24, at 12:45 p.m., with RD 1, RD 1 stated kitchen staff were expected to change gloves and wash hands with soap and water after contamination by dirty surfaces such as the floor. During a record review of facility Policy and Procedure (P&P) titled, Sanitation and Infection Prevention/Control Hand Hygiene, dated 1/24, the P&P indicated in the food & nutrition services department: all associates associated with the handling of food shall wash hands. Hands are washed with soap and water at the following times: after any other activity that may contaminate the hands. A review of the FDA Food Code, dated 2022, indicated staff wash hands after activity that may contaminate the hands.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 40903 Based on observation, interview, and record review, the facility failed to ensure staff followed policies and procedures designed to prevent infection in two out of 12 residents observed for medication administration observation and blood sugar testing (Resident 81 and Resident 407) when: 1. For one of 12 residents (Resident 81), Licensed Nurse 1 (LN 1) failed to clean the pill cutter (an instrument used to cut pills to provide an accurate dose) before and after use or practice hand hygiene. 2. For two of 12 residents (Resident 81 and Resident 407), Licensed Nurse 1 (LN 1) failed to clean the blood glucometer (instrument to check the level of sugar in the blood: blood glucose) in between resident use based on standards of practice and facility's policy. These failures had the potential to cause infection or spread infection in the facility. Findings: 1. During an observation on 8/20/24, at 11:30 AM, Resident 81 required a pain medication called hydromorphone (or Dilaudid, an opioid pain medication) in 2mg dosage in pill form (mg is milligram, a unit of measure). LN 1 retrieved a 4 mg pill from narcotic storage in the med medication room. LN 1 removed the pill from the packaging without hand hygiene and placed the pill in the pill cutter. The pill cutter was observed to have residue/powder present before the current med medication administration. LN 1 placed one half pill in a medication cup and the other half pill in another cup inside the medication cart drawer. LN 1 did not clean the pill cutter after use. 2. During an observation on 8/20/24, at 11:40 AM, Resident 81 required blood sugar testing by finger stick before lunch. After retrieving the glucometer from the medication cart drawer, LN 1 scanned the blood sugar test strip package. LN 1, without hand hygiene, took the pain medication, test strip, and blood sugar monitor (glucometer) to the room marked as Enhanced Barrier Precaution (means it required special prevention means before performing certain type of physical bodily care). LN 1 did not clean the blood sugar machine (glucometer) before entering Resident 81's room. LN 1 placed the glucometer on Resident 81's bedside table and administered the pain medication. LN 1 then performed finger stick with poking the Resident 81's index finger with a lancet (a thick and long needle used to puncture the fingertip to get blood drop) to get blood drop for the test. LN 1 completed the blood sugar check and left the room. LN 1 using the same glove wiped the glucometer's outer surface quickly for less than 10 seconds with one Sani-Cloth wipe (facility's sanitization choice for killing germs on the resident care devices). LN 1 then walked to the nursing station to put the glucometer in its docking station to transmit the information into the computer. (continued on next page)

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Alameda County Medical Center D/P Snf	15400 Foothill Boulevard San Leandro, CA 94578

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	LN 1 then proceeded to next Resident 407 for blood sugar measurement using the same glucometer. LN 1 with gloved hand added the test strip to the glucometer and went into the room with lancet (a sharp point or needle that used to poke finger to get drops of blood), alcohol wipes and Sani-Cloth wipe. LN 1 poked the left middle finger and squeezed it to get blood to soaking the test strip. LN 1 placed the glucometer on top of bedside table while poking the finger for blood drop. LN 1 soaked the test strip with blood to get the blood sugar number. LN 1 used the same glove to quickly clean the outer surface of the glucometer with one Sani-Cloth wipe for less than 10 seconds. In an interview with Director of Nursing (DON), on 8/20/24, at 2:31 PM, the DON stated she expected nursing staff to clean the shared glucometer before and after each resident use. The DON stated the nursing staff should wipe all external surfaces of glucometer for one minute to keep the surface wet according to required contact time of the 2 minutes. Review of the facility's preferred sanitization wipe called Sani-Cloth (a germicidal disposable wipe), reviewed on 8/20/24, the product information on its packet indicated Cleaning Procedure: All blood and other body fluids must be thoroughly cleaned from surfaces and objects before disinfection by germicidal wipe. Open, unfold and use first germicidal wipe to remove visible soil . The second germicidal wipe to thoroughly wet surfaces. Allow surface to remain wet for two (2) minutes. Let air dry. During a review of the facility policy and procedure titled, Cleaning and Disinfecting Non-Critical Resident Care Items, dated June 2011, the policy indicated Reusable items are cleaned and disinfected or sterilized between residents. During a review of the facility policy and procedure titled, Point of Care Blood Glucose (sugar) Testing, dated April 2023, the policy indicated glucometers were to be cleaned after every patient use, when soiled and at least once per day routinely. A review of the facility policy and procedure titled, Handwashing/Hand Hygiene, dated August 2015, indicated that hand hygiene should be performed before and after direct contact with residents, before preparing or handling medications, after contact with resident intact skin or blood, and after contact with medical equipment. During an interview on 8/22/24, at 12:30 PM, with Registered Nurse/Clinical Instructor (RN/CI), the RN/CI stated annual skills competency evaluation had to be completed every year on the same month of original hire date. RN/CI stated the annual skills competency evaluation for infection control practices had not started for this year yet. During a review of the facility's RN/LVN Annual Skills Competency Checklist, the following skills were indicated as being included in the annual competency checklist: B. Safety/Infection Control: Universal Precaution, Enhanced Standard Precautions, Transmission-based Precautions, Hand Hygiene guidelines, Donning & Doffing of PPE .