STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105826	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pavilion at Jacksonville, The	1771 Edgewood Ave W Jacksonville, FL 32218

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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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. Based on observations, interviews, record review, and facility policy review, the facility failed to ensure that menus met the nutritional needs of residents in accordance with established national guidelines (S483.60) which included not following menu recipes. This has the potential to affect all residents that consume their meals prepared by the facility. There were 60 residents in the facility at the time of the survey. The findings include:A tour of the kitchen was conducted on 3/9/2026 at 10:05 AM. Employee L, a Cook/Dietary Aide, was observed preparing the meal. The menu posted: Meatloaf Homestyle, Parsley Mashed Potatoes, Seasoned [NAME] Beans, Dinner Roll and Brownies.Two (2) unidentifiable loaves were observed covered in a dark red sauce on top of charred paper on a flat pan. There were several spots of a dark black crusty substance on top of as well as in the middles of the loaves.During the observation, Employee I, the Certified Dietary Manager (CDM), explained that the loaves on the pan on the stove were the meatloaf which would be served to residents for lunch. As the tour continued, Employee L was observed scooping one of the loaves into the clear bowl of a food processor. She added water from the kitchen sink into a container then pouring it into the clear bowl of the food processor which contained the broken loave of meat. She proceeded to blend the water with the loaf of meat and intermittently added water to the mix. She failed to measure the amount of water and loaf of meat added to the food processor and poured white flakes into a large pan. She poured milk from a carton into the white flakes and mixing sporadically. She alternated mixing with adding more milk from the carton until a thick potato-like substance was produced. Again, Employee L failed to measure the ingredients. During this time the [NAME] continued to prepare the meal. She was observed preparing what was later identified as mashed potatoes. She poured the flakes from the container adding various seasonings. She did not measure the seasonings. She poured milk from a carton and stirred intermittingly. Again, she did not measure the milk nor the potato flakes. An interview was conducted with the CDM on 3/9/2026 at 10:21 AM. She was asked about the observations of the cook not measuring the ingredients for the meal. She stated that the recipes are standard. She stated that they make minor changes citing specifically they used Manwich sauce instead of tomato paste in the meatloaf. She stated the Registered Dietitian (RD) was fine with things like this as long as they did not change the menu. She stated that the meatloaf was something they created and used their own recipe for. She stated that they substitute Manwich for tomato sauce and spices. She stated that there are budget concerns which limit the food orders. She stated seasoning is usually hard to get so they use the Manwich because it comes with seasoning and spices. She provided a copy of this recipe which had not been reviewed/signed by the RD. (Photographic evidence obtained) During a follow-up tour of the kitchen on 3/10/2026 at 9:47 AM, the CDM was asked to provide the menus/recipes for the meals to be served during the week of the survey. She stated that she had the menus but not the recipes. She stated that they don't always follow the recipes because they don't always have the ingredients. Again, she noted the adjustment to the meatloaf recipe. When she was asked how the nutritive value established in the menus created by the RD could be maintained with the changes, she shrugged her shoulders. During a follow-up tour of the kitchen on 3/11/2026 at 11:11 AM. Employee O, the Dietary Supervisor, was observed preparing lunch. Food was (continued on next page)

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

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	being cooked in metal serving dishes. Spaghetti noodles were observed in a small metal serving dish on the stove. The noodles appeared to be dried and hard, though they had been cooked. When Employee O was asked about the observation, she stated there were no cooking pots or pans in the facility. She explained it had been this way since she began working in the facility. The CDM interjected and stated that she was in the process of ordering new pots. She stated there were no pots when she started as the CDM in the facility in July 2025. When Employee O was asked what she would use to prepare a large soup or a stew. She responded, Use a longer pan.On 3/11/2026, at 12 noon, Employee O was observed bringing a cart to the meal prep area. Several small clear bowls were observed containing a small wedge of lettuce covered with clear plastic wrap. Employee O stated the clear bowls contained the salads for residents on renal diets. When she was asked about the salads for the residents with regular diets. She retrieved a green bowl covered with a plastic lid from the cart. She removed the lid revealing a small amount of shredded lettuce. When she was asked about a bowl containing lettuce, tomato, black olives, cheese, purple onions, and croutons. She stated that it belonged to the resident that is president of the Resident Council in the facility. (Photographic evidence obtained)An interview was conducted with the CDM on 3/11/2026 at 12:15 PM, concerning the recent observations. When she was asked why only of the salads had several toppings and the rest were just shredded or chopped lettuce with no additional toppings. She stated that salad was on the menu for today. When asked why one was different from the others? She said, Oh that is [Mr. Resident], he is the Resident Council President, so I had gotten that for him. I get him different stuff from time to time. The CDM was advised of the bias that could cause division between the residents who did not receive the same salad and/or meals as [Mr. Resident]. The CDM stated they, nodding towards the kitchen staff, messed that up. She explained that instead of giving them all salads with lettuce, cabbage and carrots, they opened the wrong bag of lettuce and did not want to throw it out. A telephone interview was conducted with Employee K, RD on 3/11/2026 at 3:49 PM. She confirmed that she is contracted with Dietary Solutions and that this facility is one of several that she works in. She stated that she is familiar with the residents in this facility as they have been in her care since 10/2025. She stated that she usually comes to the facility once a week and that she had been on sick leave for a week prior to the week of the survey. She stated the menus were developed prior to her starting and that she hadn't reviewed them. She was advised of the observations of staff not following the recipes. She stated that menus/recipes needed to be followed. She was asked about the CDMs report that she was ok with menu adjustments. She denied this and confirmed that adjusting the recipes compromised the nutritive value of the meals determined by the RD. She stated that she was aware of issues with availability of items due to budget. She was advised of the observation of the salads that were served for lunch. She stated that it was insufficient and should have included more than lettuce. A review of Dietary policies revealed the followingStandardized Menus Date Implemented: 1/13/2023 Date Reviewed/Revised 1/13/2023 The facility shall provide nourishing, palatable meals to meet the nutritional needs of the residents based on the Recommended Daily Allowances (RDA) of the Food and Nutrition Board of the National Research Council, of the National Academy of Sciences, standardized cycle menus are planned in advance and utilized.1. The facility will make reasonable efforts to provide food that is appetizing and culturally appropriate for residents Menus will be planned to meet basic nutritional needs by providing meals based on individual nutritional assessment and the individualized plan of care.Menus and Adequate Nutrition Date Implemented: 1/13/2023 Date Reviewed/Revised 1/13/2023 The purpose of this policy is to assure menus are developed and prepared to meet resident choices including their nutritional, religious, cultural, and ethnic needs, while using established guidelines. Policy Explanation and Compliance Guidelines: 1. The facility will ensure that menus meet the nutritional needs of residents in accordance with established national guidelines. 7. The facility's dietitian or other clinically qualified nutrition professional will review all menus for nutritional adequacy and approve the menus. A review of the job description for Dietary [NAME] revealed the followingTasks included:Ensures that food (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	procedures are followed in accordance with established policies.Prepares meals in accordance with planned menus.Prepares and serves meals that are appetizing and palatable in appearance. A review of the job description for Dietary Manager revealed the following. Tasks included:Follows standards and procedures for preparing food. Inspects meals and ensures that standards for appearance, palatability, temperature, and serving times are met. Ensures that foods are prepared according to production schedules, menus, and standardized recipes. Review of facility menus and recipes for items served revealed that the recipes for meals prepared for lunch on 3/9/2026 and 3/11/2026 were not followed. (Photographic evidence obtained)Menu:Day: Monday 3/9 Lunch 3 oz Meatloaf Homestyle* 4 oz Parsley Mashed Potatoes* 4 oz Seasoned [NAME] Beans* 1 Dinner Roll 2 x 2 Brownie Homestyle Meatloaf - 4084 *(Contains Egg Product) Recipe Summary Card Yield: 100 Category: Combination Food, Dish, MeatSource: Custom No. Ingredients: 16 Manufacturer: (None) Ingredient 15 lb. Beef, Ground5lb. Ground Turkey9 item Egg, Large1 qt. Beef stock1c. Milk 1 c. Water 1 T. Pepper 1 1/2 c. Paste, Tomato, Canned2 1/2 c. Oatmeal, Instant 3 c. Onions, Chopped1 1/2 c. Celery, Diced1/4 c. Thyme, Ground1/2 c. Parsley flakes1/4 c. Oregano, Ground2 T. Garlic powder1/4 c. Basil, Ground Page 1 of 2 Instructions *Preheat oven to 350*F. *In mixer using paddle attachment combine: tomato paste, eggs, milk, water, beef stock, oats. Mix for approximately 2 minutes on medium speed.*In small bowl combine dry herbs/seasoning. *Add ground beef, onions, celery, & dry seasoning mixture. Mix low speed for 2-3 minutes (DO NOT OVERMIX).*Divide mixture evenly into hotel pans. Form into loaves.*Place in oven & bake for 1 - 1 1/2 hours or until internal temperature of 155*F is reached. *Drain fat from pans & let meatloaf stand for approximately 20 minutes before slicing for service.*Hold at 135*F> for service. Serving size: 3 ounces Puree Steps: Remove desired number of servings and add nutritive liquid, milk, broth, etc. Blend until desired consistency. Add approved thickener to achieve desired consistency if needed.Mechanical Soft Steps: Remove desired number of servings to chop for the mechanical soft diets. Use a knife/fork or processor to chop foods to the desired consistency. Parsley Potatoes-2023 Recipe Summary Card Yield: 50 Category: Vegetable Starchy Source: Custom No. Ingredients: 6 Manufacturer: (None) Ingredient c. 3 1 Salt T. 3/4 Parsley c. 6 T. Onions, minced, dried Ground 1 Black, Pepper, T. 12lb. Skin and Flesh Red, Potatoes, Instructions: 375'F. to oven Preheat Place butter in a large baking dish and melt in preheating oven Toss potatoes and onion in melted butter to coat Bake in preheated oven until potatoes are tender, about 40 minutes. Sprinkle parsley over potatoes and season with salt and pepper ; toss. Transfer to service pans, cover, & hold at 135*F>. Serving size: 4 ounces Puree Steps: Remove desired number of servings and add nutritive liquid, milk, broth, etc. Blend until desired consistency. Add approved thickener to achieve desired consistency if needed. Day: Wednesday 3/11 Lunch 8 oz Pasta w/Meat Sauce4 oz Tossed Salad w/ Dressing1 sl Garlic Bread*4 oz Fruit Cocktail* Tossed [NAME] Salad - 1080 Recipe Summary Card Yield: 25 Category: Combination Food, Salad, VegetableSource: Custom No. Ingredients: 4 Manufacturer: (None) Ingredient 1 3/4 lbs. Lettuce, Iceberg, chopped1/2 lb. Carrots, sliced1 lb. Tomatoes, Diced1 1/2 cups Salad Dressing, Italian Facility Developed Recipe for Meatloaf:Homestyle Meatloaf - #4084 Prep. Time Servings 65 Portion 3 oz. Ingredients Name Amount Beef, ground, 80% lean meat / 20% fat, raw Egg scrambled 1 qt carton ea. 10. lb. Spices, pepper, black 13/8 t. Sauce Manwich 1 # 10 can Cereals, oats, regular and quick, 4 cups (1/2-2/3 of box) Onions, fresh, chopped, unprepared 2 whole lg Spices, garlic powder 11/2 T., 1 1/4 t.

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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. Based on observations, interviews, and record review, the facility failed to properly store, prepare, distribute and serve food in accordance with professional standards for food service safety. The ice machine had a buildup of a dark fuzzy residue on the seams and edges of the lid, food processor had dried yellowish food residue with buildup, meat slicer had miscellaneous debris in the crevices/seams under the blade, milk cooler's seal was detached, onions in storeroom were soft and slimy, no pots in the kitchen, and nourishment room had debris and staining on cabinet floor surface. This could potentially affect the 60 residents residing in the facility. The findings include:During an initial tour of the kitchen on 3/9/3026 at 9:38 AM, the following items were observed.The ice machine had a buildup of a dark fuzzy residue on the seams and edges of the lid with scattered debris along the gasket/seams. (Photographic evidence obtained)The food processor's clear bowl and plastic center spindle contained visible dried yellowish food residue with buildup on the seams.The meat slicer contained miscellaneous debris in the crevices/seams under the blade.The milk cooler's seal was detached with pools of water at the bottom of the cooler. Inside the cooler there was a box containing several sealed juice cups. Some of them were leaking with clumps of ice melting in the middle of the box. (Photographic evidence obtained)The Certified Dietary Manager (CDM) approached on 3/9/2026 at 9:45 am and stated that there was a work order for the cooler seal. She explained that Maintenance had ordered the part and it was waiting for delivery. A box of onions was observed in the dry storage room. Some of them had soft slimy wet spots with a dark fuzzy substance along the neck and under the papery skin.On 3/9/2026 at 10:05 AM. Employee L, a Cook/Dietary Aide, was observed preparing the meal in the kitchen. The menu posted: Meatloaf Homestyle, Parsley Mashed Potatoes, Seasoned [NAME] Beans, Dinner Roll and Brownies. Two (2) unidentifiable loaves were observed covered in a dark red sauce on top of charred paper on a flat pan. There were several spots of a dark black crusty substance on top of as well as in the middles of the loaves.During the observation, the CDM explained that the loaves in the pan on the stove were the meatloaf which would be served to residents for lunch. An interview was conducted with the Maintenance Director on 3/9/2026 at 10:37 AM. When he was asked about the timeframe for the cooler seal to be repaired. He stated that he had not made any orders for repairs. He explained that he had advised the CDM that it was something she needed to do. He confirmed that he was not waiting for any delivery of parts to repair the cooler.A second tour of the kitchen was conducted on 3/10/2026 at 9:47 AM. The ice machine was once again observed with dark residue in the seams and along the top of the lid. (Photographic evidence obtained)During the tour the CDM was asked who was responsible for cleaning the ice machine. She stated that Maintenance is responsible for cleaning it monthly and that she keeps a log of when it is cleaned. The box of onions was observed in the same condition as the day before with gnats circling above and inside of the box. (Photographic evidence obtained)The meat slicer continued to have miscellaneous debris in the crevices/seams under the blade.The food processor bowl still had the dried yellowish food residue and buildup on the seams.During the kitchen observations, Employee L, Dietary Aide was asked who cleaned the slicer. She stated it was the night cook's responsibility to clean the slicer. When the CDM was asked if the slicer had been used the night before, she said she didn't know. After the CDM was shown the food processor. She explained to the Dietary Aide that it needed to be cleaned with a certain tool. They proceeded to look for the tool, but the CDM stated that she may have to order another one. During a third tour of the kitchen conducted on 3/11/2026 at 9:40 AM, the ice machine continued to have a dark substance in the seams. The CDM approached during the observation and said that she cleaned the ice machine the previous night. After being shown the debris that remained in the seams and top of the lid, the CDM acknowledged the presence of the residue. (Photographic evidence obtained). She stated that she would put the ice machine in out of order status. A review of the ice machine cleaning log revealed it was last cleaned on 2/20/26.On (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	3/11/2026 at 11:11 AM. Employee O, the Dietary Supervisor, was observed preparing lunch in the kitchen. Food was being cooked in metal serving dishes. Spaghetti noodles were observed in a small metal serving dish on the stove. The noodles appeared to be dried and hard, though they had been cooked. When Employee O was asked about the observation, she stated there were no cooking pots or pans in the facility. She explained it had been this way since she began working in the facility. The CDM interjected and stated that she was in the process of ordering new pots. She stated there were no pots when she started as the CDM in the facility in July 2025. When Employee O was asked what she would use to prepare a large soup or a stew. She responded, Use a longer pan.On 3/11/2026 at 11:15 AM, a cell phone was observed on a food prep counter in the kitchen. (Photographic evidence obtained) A telephone interview was conducted with Employee K, Registered Dietician (RD) on 3/11/2026 at 3:49 PM. She confirmed that she was contracted with Dietary Solutions and that this facility is one of several that she works in. She stated that she is familiar with the residents in this facility as they have been in her care since 10/2025. She stated that she usually comes to the facility once a week and that she had been on sick leave for a week prior to the week of the survey. When she was told that the kitchen did not have any cooking pots, she replied that she was not aware of that fact. She went on to say that it was not safe for staff to be preparing the food without having the proper cooking pots.A tour of the facility's nourishment room was conducted on 3/12/2026 at 10:40 AM. Employee D, a Registered Nurse (RN) accompanied this surveyor during this time. An accumulation of debris and staining was observed on the cabinet floor surface. Multiple small specks were observed scattered across the surface along with several dark droplet-like spots with some brownish residue. A dead insect was also observed underneath the pipe. The RN stated that she wasn't sure if the specks were roaches or rust. She explained that staff were responsible for cleaning the area. She said that it used to be worse but acknowledged it needed to be cleaned.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, interview, and facility policy review, the facility failed to maintain residents' medical records that were complete and accurately documented for one (Resident #6) of four residents reviewed for indwelling catheter, from a total survey sample of 24 residents. The findings include:A review of the medical record for Resident #6 revealed she was originally admitted to the facility on [DATE], and most recently readmitted to the facility from the hospital on 1/16/26. Her primary diagnosis is quadriplegia, C5-C7. Secondary medical diagnoses included neuromuscular dysfunction of bladder and presence of urogenital implantsA review of the facility's Resident Matrix on 3/9/2026, listed resident #6 as having an indwelling catheter. (Copy obtained)On 3/9/2026 at 12:30 PM, Resident #6 was observed in her room without an indwelling catheter, bag or tubing.A review of Resident #6's minimum data set (MDS) quarterly assessment dated [DATE] revealed the following: Section H - documented indwelling catheter present. (Copy obtained)A review of the resident's progress note dated 1/17/2026, read, morning assessment noted the resident to have a change of status. She returned from the hospital late last night with a diagnosis of sepsis. She returned without Foley Cath but voiding well. 1/16/2026 - 3008 revealed no foley catheter.A review of the Resident #6's Care Plan revealed the following: Resident requires use of foley catheter related to (r/t) urinary retention secondary to neurogenic bladder. Enhanced barrier precautions in place. Date Initiated: 03/01/2024 Revision on: 08/19/2024 Resident will have no signs or symptoms of UTI through next review date. Date Initiated: 03/01/2024 Revision on: 08/12/2024 Target Date: 06/05/2026. (Copy obtained)During an interview with Certified Nursing Assistant (CNA) H on 3/11/2026 at 11:30 AM, she stated, She (Resident #6) had a catheter, but it has been gone for over 2 months. She returned from the hospital without it.An interview was conducted with MDS Coordinator/Assistant Director of Nursing (DON) on 3/12/2026 at 11:45 AM. When she was asked about Resident #6 being listed as currently having foley catheter. She stated, I did not see that, I must have missed it. I haven't done anything with the care plans.A review of facility's policy titled Comprehensive Assessments, reads.1. The facility conducts comprehensive, accurate, standardized, reproducible assessments of each resident's functional capacity using Resident Assessment Instrument specified by CMS. 2. The comprehensive assessment process includes direct observation and communication with residents, as well as communication with licensed and non-licensed direct care staff members on each shift. (Copy obtained)

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, interviews, and facility policy review, the facility failed to practice proper infection control measures for one (Resident #16) of five residents observed during medication administration, and failed to ensure a safe, clean, comfortable and home-like environment for one (Resident #25) of 24 residents sampled. Specifically, the facility failed to properly clean a multidose vial stopper of insulin prior to injecting a clean insulin needle into Resident #16 and failed to clean a dried reddish-brown stain on the floor in Resident #25's room. Failure to appropriately clean and sanitize bloodborne pathogens could pose health risk to vulnerable residents including the possibility to spread blood borne infections to employees and residents. The findings include1. On 3/11/2026 at 11:33 AM, Staff A, RN, was observed providing insulin administration to Resident #16. The nurse reviewed the medication order to check blood glucose before meals and at bedtime. He checked the resident's blood sugar via fingerstick. Results showed that the resident required 1 unit of insulin coverage per sliding scale order. The nurse proceeded to inject a clean insulin needle into the stopper of the resident's multi-dose vial without first cleaning the surface per standard infection control procedures.During an interview with Staff A, RN on 3/11/2026 at 11:40 AM, he stated, What did I forget? I forgot to clean the stopper.Review of Resident #16's clinical record indicated she was admitted to the facility on [DATE] and had a primary diagnosis metabolic encephalopathy. His secondary diagnosis included but were not limited to type 2 Diabetes Mellitus with foot ulcer, type 2 Diabetes Mellitus with Hyperglycemia, and other specified anemias.The resident's physician's order dated 2/17/2026 revealed, Insulin Lispro 100 Unit/ML Solution - Inject as per sliding scale subcutaneously before meals and bedtime related to Type 2 Diabetes Mellitus with Hyperglycemia.Review of the facility policy entitled Administering Medications states Procedure. 25. Staff follows established facility infection control procedures (.gloves, aseptic technique, isolation precautions) for the administration of medications, as applicable.2. An observation of resident room [ROOM NUMBER]-B on 03/09/2026 at 10:07 AM, revealed a dried reddish-brown stain on the floor near the window side of the bed. During an interview with Resident #25, he stated the substance on the floor was blood from his foot and it happened over the weekend. (Photographic evidence obtained)On 03/10/2026 at 9:14 AM, a second observation of room [ROOM NUMBER]-B, revealed a partial removal of the reddish-brown stain on the floor. (Photographic evidence obtained)An interview was conducted with Employee P, Housekeeper on 03/12/2026 at 07:47 AM regarding room [ROOM NUMBER]-B. She explained that when she returned to work on Tuesday, she noticed a dried blob blood stain in the resident's room. She sprayed the orange cleaning substance in a bottle titled acid bathroom cleaner to sanitize the blood, mopped it up with a clean mop, then discarded the mop and rag in a red bag, and put a wet floor sign up. Employee P stated that the facility does not use a bleach cleaner and she did not report the blood stain to anyone.During an interview with the Housekeeping Supervisor on 03/12/2026 at 03:26 PM, he stated the housekeeping staff are supposed to clean blood spills by sanitizing with spray, mop it up, place the mop aside and then used a clean mop to mop the floor. The blood stained item is then washed separately from other laundry. A tour of the housekeeping chemical storage was conducted; there was no bleach available. The Housekeeping Supervisor confirmed the housekeepers do not use bleach. (Photographic evidence obtained)Review of the facility's policy titled Cleaning Spills or Splashes of Blood or Body Fluids dated January 2012, instructed under Section titled Equipment and Supplies 2. Bleach (EPA registered sodium hypochlorite 5.25%). Sections titled Steps in Procedures: 1. Arrange the supplies so they can be easily reached; Using appropriate personal protective measures, mix and label the following disinfectant solutions; One (1) part bleach and ten (10) parts water (written as 1:10); and/or One (1) part bleach and one hundred (100) parts water (written as 1:100); Put on nonsterile exam gloves or heavy-duty gloves; If the spill involves large amounts of blood (two cups or more), spray the area with 1:10 disinfectant (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	solution until thoroughly saturated; Use forceps, tongs, or brush and dustpan to pick up broken glass; If the spill involves large amounts of blood (two cups or more), spray the area with 1:10 disinfectant solution until thoroughly saturated. If the spill involves large amounts of blood (two cups or more), spray the area with 1:10 disinfectant solution until thoroughly saturated; Use forceps, tongs, or brush and dustpan to pick up broken glass; Place contaminated items, including equipment used to pick up glass fragments, in properly labeled receptacle for decontamination; Wipe up the spill or splash with a cloth or paper towels or use granules to absorb spill; Discard the saturated cloth or paper towels into the plastic biohazard bag; Repeat as necessary until the spill or splash area is dry; Disinfect the area by swabbing with a cloth or paper towel which has been moderately saturated with a 1:100 bleach solution. Allow to air dry; Discard the contaminated cleaning cloth or paper towels into the plastic biohazard bag; Spray disinfectant solution onto the discarded cloth or paper towels inside the plastic bag; Tie the bag. If the outside of the plastic bag becomes contaminated with blood, body fluids, secretions, or excretions, place the contaminated bag into a clean plastic bag; Place the plastic bag into a designated container for medical waste; Remove gloves and place them into designated container. Wash and dry hands thoroughly; Return unused supplies or equipment to the designated storage areas; Wash and dry your hands thoroughly. (Copy obtained)